BINDIN

MARGIN RESERVED

7. S. No.

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E	xample T	1 10 2	Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	. 91	1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUMERIN	July 5, 1927	Peritonitis	3 days ago
Other contributes course				
Other contributory causes of importance: Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	A THE PLAN IS NOT THE			

ADDITIONAL SPACE FOR FURT	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH bluods Frederick. Registration Dist. No. Village or City State Sanatorium. Md. No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 1 vrs. 4 mos. 5 ds. How long in U.S. if of foreign birth? vrs. mos. ds. PHYSICIANS Fred A. Andrews 2. FULL NAME If U. S. Veteran, specify WAR 1535 Carswell.St. St., Ward. Baltimore, Maryland
If nonesident give city or town and State (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DtVORCED (write the word) Male White Married BINDING 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from Emma Andrews (or) WIFE of 1 19 36 to June 6 19 37 Last saw h im alive on June Dec. 11 1896 6. DATE OF BIRTH (month, day, and year) properly to have occurred on the date stated above, et 9 . 40 A. M. 7. AGE Years Months Days If LESS than 1 day, ---- hrs. 25 The PRINCIPAL CAUSE OF DEATH and related causes of importance 40 or min. Date of onset 8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION RESERVED Clerk Pulmonary Tuberculosis 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... nlay 10. Date deceased last worked at this occupation (menth and year) 11. Total time (yeers) spent in this so that MARGIN 12. BIRTHPLACE (city or town) ... (State or country) Marvland Myocardial Insuficiency Apthur 13. NAME Name of operation none Pos Sputatopf 14. BIRTHPLACE (city or, town) _____ Maryland (State or country): Whet test confirmed diegnostiest -X-Ray --- Was there an autopsy? no in pla MOTHER 15. MAIDEN NAME Elizabeth Daniels 23. If death was due to external causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19 Maryland . (State or country) (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. A. Andrews Fred should Baltimore, Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place Balto. Md. Dete Unknown 19 TION Nature of injury__ M.L. Creager 24. Was disease or injury in any wey related to occupation of deceased? ... 10 19. UNDERTAKER Thurmont Md (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		BUR Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as rollows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-3-1 -10

MARGIN RESERVED FOR BINDING

-WRITE PL

1. PLACE OF DEATH	
County De rederech	SI-A Plan Registration Dist. No. 18/
Village or City Derech	No. Schedericks City Hoskelet Ward
(If	death occurred in a hospital or institution wive its NAME instead of street and number)
06 % 01	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mitcharry Baer	If U. S. Veteran, specify WAR 720
(a) Residence: No. 4 49 SU. South	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (writighte word)	Standel 28 1937
5a. If married, widowed, or divorced	(Vonth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That f attended deceased from
(O) HILL	4/29, 1937, to 6/23, 1937
6. DATE OF BIRTH (month, day, and year) 1000. 23. 1864	I last saw h 1 alive on 1927; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
73 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Hyper replicana Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (work) and this constant and the same a	
SAW MILL, BANK, etc	
this occupation (month and 1938 spent in this 25 yr	
3 (2)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Trederical (State or country)	Cux. Selevois
13. NAME Henry Baer	
The state of the Control of the Cont	
14. BIRTHPLACE (city or town) Screen, Such (State or country)	×
# 15. MAIDEN NAME Sorale Carries	what test commined diagnosis: was there an autopsy?
I	23. If death wes due to external causes (VIOLENCE) fill in afso the following:
[State or country]	Accident, suicide, or homicide?
(Maidas Charlie Bara)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT THE PROPERTY (Address) Series (Address) May	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Bet - Olivet Clevet to Date June 26, 1937	Nature of injury
0 8 00. 01.	
19. UNDERTAKER 6. (LILLE + Jan (Address) 20 Leders also Man	24. Was disease or injury in any way related to occupation of deceesed?
21/11/20 1	(Signed) Mekelyolene M. D.
20, FILEDOLY June, 1937 La J. UZ Juney	(Address) Francisco O V

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Oth and the state of the state	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
				,

OCCUPATION

TION

20. FILED . .

10) Date decaased last worked at

this occupation (month and (

12. BIRTHPLACE (city or town) (State or country) arvland HER Baumgardner FATI 14. BIRTHPLACE (city or town). (State or country) MOTHER Elizabeth Sinn 15. MAIDEN NAME Pannie 16. BIRTHPLACE (city or town) ... Maryland (Stata or country)

18. BURIAL, CREMATION OR REMOVAL

Etchison 19. UNDERTAKER _ (Addrass) Frederick.

Registrar

11. Total time (yaars) spent in this

occupetion

Menner of injury Nature of Injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

..... Was there an autopsy?.

(Specify city or town, county and State)

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Other Contributory Causes of Importence:

Whet test confirmed diagnosis?.

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Cerebral hemorrhage JUL 6 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		· · · · · · · · · · · · · · · · · · ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		P A o	

STATE OF MARYLAND-CERTIFICATE OF DEATH

item of inforshould state of OCCUPA-PHYSICIANS RECORD. Every statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
County Tredwick	Within Comparation Registration Dist. No. 131
/ Village or City Frederick	No. head City for state St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME M& Site Bel	V
	If U. S. Veteran, specify WAR
(a) Residence: No. World (CoUsual place of abode)	St., Ward. N. Globana I.A. C. Ward. Knonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH MLE 12, 1937. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of anne Kemson Barnard	I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Rug. J 1856	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 12.31) m.
80 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER ROOKKEEPER atc	Maluna
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Went Delevous
this occupation (month and 1932 spent in this 60 year)	
12. BIRTHPLACE (city or town) manykand	Other Contributory Causes of importance:
(State or country)	togher wheat those late
13. NAME John To- Beck	akute umung Peleulun
14. BIRTHPLACE (city or town) Loudon Co	Name of operation and to to my Date of June 9-3
(State of country)	What test confirmed dagnosis?
16. BIRTHPLACE (city or town) Louden Co	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) & Oruden Co (State or country)	Accident, suicide, or homicide?
Office of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Declaran rud	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place The Cocks Date Ruce 14, 1937	Nature of Injury
19. UNDERTAKER G-E Coline Hoy	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Frederick med	If so, specify
20 FILED IH June 1987 Dra J. Mc Pundy	(Signed) Splane, M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephriti	JUL 6	1997	1001	Run over by street car	1 week ago	
Cerebral hemorrhage			July 5, 1927	Peritonitis	3 days ago	
	BUREAU	V. 5				
Other contributory causes	of importance:			Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6600
1. PLACE OF DEATH	<u></u>
county Frederick (Ca	Registration Dist. No. 13.1
Village or City Montevel, Emergen	legno Kalepetal St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sertar de Bawe	If U. S. Veteran, specify WAR
(a) Residence: No. 109 W. Gell Sainte	St., Ward.
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
H. If marriad, widowed, or divorced HUSBAND OF Charles Bowens	22. HEREBY CERTIFY That I attended deceased from
9- 1 1900	Last saw h. et alive on Strand 9 19 37: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month's Days If LESS than	to have occurred on the data stated above, at
3 9 5 /3 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca were as follows: Oate of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER,	At 100
SAWYER, BOOKKEEPER, etc	Nemantiay & pre 18
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	Oat. ?
(State or country) Wary Lawy	(arcinoma d) 1936
13. NAME Rabert / hompson	filering works
14. BIRTHPLACE (city or town)	Nama of operation
(Stata or country) Vergence	What tast confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Henretta Harris 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Date of Injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT & rangeline Rice (Address) Energeine Harbetal	(Specify city or town, county and State) Specify whathar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place pint of Rochs Hate June 21, 193	Nature of injury
19. UNDERTAKER M. R. Clanison Hope	24. Was disaase or injury In any way related to occupation of deceased?
(Addrass) frederick has	If so, specify
20. FILED 21 Juny, 1937 20ce M- May Registrar	(Signad) M. D. (Address) Total Section M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

D. BO. Thomas

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Chronic interstitial nephritis is ED	1921	Run over by street car	1 week ago
Cerebral hembirhage JUL 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/ County Frederick Village or City Frederick					(1	No. 34 Second Sulfaments No. 13 St., Registration Dist. No. 13 St., St., I death occurred in a horpital or ioslitation give its NAME instead of street and num	War
2.					Bowman	s. 14 ds. How long in U.S. if of foreign birth?yrsmos	d
		-		Falsom S (Usuai place	treet	St., Ward. Philda Pa	ate
	PERSON	AL AN	DSTATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	Female	C	or race	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Pried	21. DATE OF DEATH June 16th (Month) (Day)	93. ⁷ (Yaar)
5e. 1	If married, widow HUSBAND of (or) WIFE of	ed, or divor	Walter	A. Bown	an	22. I HEREBY CERTIFY, That I attended dec	assad fro
6. D	ATE OF BIRTH (GE Yaa 52		, and year) (January Days	16, 1885 If LESS than 1 day, hrs.	to have occurred on the data stated abova, at 3 . P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	leath is sa
OCCUPATION	9. Industry or I work was SAW MIL	ork done, a BOOKKEEL ousiness in dona, as S L, BANK, e d last worl ation (mon	os SPINNER, PER, etc which ILK MILL, tc	At Home	tima (yaars) ant in this 25	Other Contributory Causes of Importance:	6/13/
12.	BIRTHPLACE (cit (State or coun		Mary.	Land			
ER	13. NAME B	radle	ev Bow	ie			
FATH	14. BIRTHPLACE (State or			aryland		Neme of operation	opsy? 🔨
MOTHER 12.		(city or too country)	Mary er A. J	yland Bowman		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?	., 19
18.	BURIAL, OREMAT	ON, OR R	EMOVAL Cer	z Street ntrevill 	e.Md.	Manner of injury	
19.	UNOERTAKER	M.I		Lson & S		24. Was disaase or injury in any way releted to occupation of decaased?	10

MARGIN RESERVED FOR BINDING -WRITE PL.

item of inforshould state of OCCUPA.

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pluods

CAUSE OF DEATH in plain terms,

mation should be carefully

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis 1111 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	\$		
Other contributory causes of importance:	para gre	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

S. No. 1

(Address)

Registra

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*.	

|--|

TION is very important.

-WRITE

V. S. No. 1

6603

1. PLACE OF DEATH	- 139 E
County Frederick	Registration Dist. No. 131
Village or City moule rece	No. Emergency Hospital Ward
(If Langth of residence in city or town where death occurredyrsmos	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
10. 10. 1	B 1+ 10
2. FULL NAME The Margaret albern	e / Sright State Cold, specify WAR
(a) Residence: No. 5 House Steel (Usual place of abode) The de	St. Ward: Uick M.d. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) HOLL To	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divosced HUSBAND of	
(or) WIFE of Terris Srightwell.	I HEREBY CERTIFY, Thet I attanded deceased from
6. DATE OF BIRTH (month, day, and year) 1865 9 1899	Mast saw half aliva on June 6 , 19.37; daath is seld
7. AGE Years Mosthy Days If LESS than	to have occurred on the data stated above, at
38 40 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	General land to
9. Industry or business in which work was dona, as SILK MILL,	Ca
SAW MILL, BANK, atc.	used by a pelvice infection; constitue organisms
O 10. Date deceased lest workad at this occupation (month and year) Year) 11. Total time (years) 8 spenting in this occupation	unknown Duration, a few days. Can op.
I. J	Other Contributory Causes of importence:
(State or country) 12. BIRTHPLACE (city or town) (State or country) Maryland	
13. NAME The H. Stille baker.	
14. BIRTHPLACE (city or town) Frederick Co.	Neme of oparation
(State of country)	What test confirmed diagnosis? Was there en eutopsy
15. MAIDEN NAME Welly Mar ackenrod 16. BIRTHPLACE (city or town) Fred arisk Co.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Frederick Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Theos (Idels Kergels Moreley)	specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place fresh Marrion & pate Jame 80, 1937	Nature of injury
19. UNDERTAKER 6. E. Toline Hon	24. Was disease or injury in any way releted to occupation of dacaased? 200
(Address) Frederick Ma,	If so, specify
20, FILED 9 June 1987 Dra 9 ME Gurdy	(Signed) BO Horman M. I
Repietras	(Address) traderick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

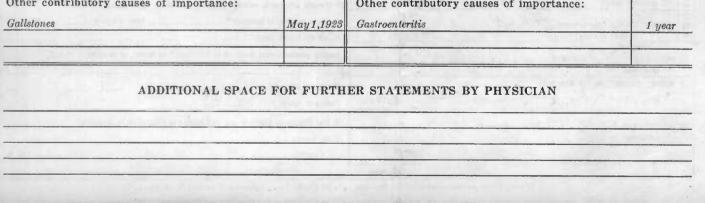
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Example I V E D	-	Example II	
The principal cause of death and related causes of importance were as follows: 0 1337	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH	
County Freduck	Registration Dist. No. 108
Village or City Buttonsville	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds, How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Infant Boy Bra	und If U. S. Veteran, specify WAR None
(a) Residence: No. Battonsville, Mid. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If marriad, widowad, or divorced	(multin) (bay) (real)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
A: 11	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw hat alive on
1 day, Q-hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 6 0 orQ_min.	wara as follows: Date of enset
8. Trede, profession, or particular kind of work done, as SPINNER,	Nort du Petter
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and second).	News an over
work wes dona, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and	
yeer) occupetion	0.000
12. BIRTHPLACE (city or town) Bartonsville	Other Contributory Causes of Importance:
(State or country) Ind.	
II 13. NAME Un Isnoun	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Naomi Brown	23. If daeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME NAOME Brown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country) Md.	Where did injury occur?
17. INFORMANT Mrs. Cligabeth Brown (Address) Bartana Ille McC	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL M. E. CLIN	Manner of injury
Piace Bartonsville Col Date June 16, 193	Nature of injury
19. UNDERTAKER M. R. Etglisony Y Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Felderick, med.	If so, spacify
20. FILED June 16, 19.37 Junean K. Falsoner	(Signed) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1932	0=0=01

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Example I			Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUL 6 1937	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	_		950 127
County Trederics	lo .		Registration Dist. No. / 0 /
Village or City Union	ville, mi	1	No. St. War
	0		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wh	ere death occurredQ	yrsmos	ds. How long in U.S.if of foreign blrth?yrsmosds
2. FULL NAME Hou	nee of C	Junde	Te
(a) Residence: No P. 2. 4	mx duy	mal	St., Ward.
PERSONAL AND STATI	(Usual place of a		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIE		21. DATE OF DEATH
Frank White	OR DIVORCED		time 14 - 193 7
5a. If married, widowed, or divorced	Manie	4.	(Month) (Oay) (Year)
(or) WIFE of	7. Burde	the.	22. A HEREBY CERTIFY That I attended deceased from
			0126 1 1930 to fine 14 1937
6. DATE OF BIRTH (month, day, and year)	lov. 15,1	870	I last saw h alive on, 19; death is said
7. AGE Years Months		If LESS than	to have occurred on the date stated above, at dissolvem.
66 6		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, p:ofession, or particular kind of work done, as SPINNER,	34. 14		Date of Office
SAWYER, BOOKKEEPER, etc.	Jourse wife		Cardiac Assuffice,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
O 10. Date deceased last worked et	11, Total time	(veers)	· L
this occupation (month end year)	spentir 	i this ion	
71.	dirich Ca		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	vousie co	md	
13. NAME John	T. Long.		
E	Factorille	Co	Name of a continu
14. BIRTHPLACE (cfty or town)(State or country)	renewa	med.	Name of operation Oate of Oate
15. MAIDEN NAME May VA	1 (8).0	1.	What test confirmed diagnosis? Was there an au'opsy?
H	Ene dendi	Co	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	aumon	ned	Where did injury occur?
m Fine	2/2.1.1.	H.	(Specify city or town, county and Stale) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE,
17. INFORMANT / H - Jumes (Address) OP (1) # 4/ 7	* June	he-l	openy whether injury occurred in thousand, in nome, or in robelo reace.
18. BURIAL, CREMATION, OR REMOVAL	1/2		Manner of injury
Place Socust Hore Ces	sity Date Kine	17 ,1937	Nature of injury
10 UNOFOTAVED	m Malta.		24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER	Win Tell	ned	If so, specify
31/	ny		(Signed) Mustur S. Sease M. I
20, FILEO. 4 - 7, 42 /, 182 /	af &	Registrar.	(Address) Mit and M.A.
If r	nore blanks are needed, addr.	ess State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Chronic interstitial naphritis JUL 3 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURGAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6607
1. PLACE OF DEATH	Courts of 1940 B
County Frederick	Registration Dist. No. 13/
Village or City Frederick	No Frederick City Hospitals, Ward
	death occurred in a hospital or institution, so its NAME/instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles R. Carnes	
(a) Residence: No. Joylus Lour. Va	If U. S. Veteran, specify WAR.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wgite tha word)	21. DATE OF DEATH
male while single	(Month) (Dey) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY, That I ettended daceased from
(OI) WIFE OF	May 23 1937, 10 June 6 th 1987
6. DATE OF BIRTH (month, day, and year) Queg. 26. 1865	I lest saw h_1sss alive on June 6 , 1957; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 8:05 Pm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Treda, profassion, or particular kind of work done, as SPINNER Returned Merchant SAWYER, BOOKKEEPER, atc.	
kind of work done, as SPINNER. The sawyer, BOOKKEEPER, atc. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date decaesed last workad at this occupation (month and this programming decays)	Ungue Pulono Talus
work was dona, as SILK MILL, SAW MILL, BANK, atc	
- Sharif III filis	
year) occupation	Dther Contributory Canses of Importanca:
12. BIRTHPLACE (city or town) Abrusoure County (State or country)	Other Contributory Canses of Importanca: Clayout 6 mos
E To to to to	
(Stete or country)	Name of operation Date of
15. MAIDEN NAME Mary Etta Compher	What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Loudoun County	Accident, sulcide, or homicida? Date of injury19
E (State or country) Urrainia	Whare did injury occur?
17. INFORMANT Mbr. Edgar Carnes	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
(Addrass) Kovettafille, Virginia	
18. BURIAL CREMATION, OR REMOVAL Levelia Line G. 19.37	Manner of injury
B1 - 1 - A1	Nature of injury
19. UNDERTAKER STOWN STOR. (Address)	24. Was disaasa or injury In any way ralated to occupation of dacaesed?
VA 151/40	(Signad) Color County
20. FILED 7 JUNE, 1987 May 1 May Registrat	(Address) Jellengh Manglemen
If more blanks are needed, address State Registrar	227 N. Charles Street Baltiman Danish 61 C. N.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE	OF DEA	гн 🧎			(23)	80	0000
/ County_		Frederic	ek.			Registration Dist. No	139
Village (or City	State Sa	anatoriu	ım, Md.	No		St., Ward
Laneth of				, (Ji	death occurred in a hospital or institutionds. How long in U.S. if		
					alias, Harry Cl		
							1
(a) Resi	idence: No.	2800 Hai	(Usnal place	of abode)	St., Ward. Ba	If nonresident give city or to	Dwn and State
PERS	ONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEA	ATH
Male		r or RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH	June 1(Month) (Day)), 193
5a. If married, w		rced					
(or) WIFE		Mar	y E. Cle	emsen		Y CERTIFY, That I e	
			Jan. 27	1882		June 10	
6. DATE OF BIR 7. AGE	Years	y, and year) e	Jan. 27	If LESS than		ted ebove, et 9 . 00 An. M	
. AGE	5 5	4	13	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA	TH end related causes of importar	
1 4 9 Trada o	profession, or p		10	ormin.	were es follows:		Date of onset
kind	of work done.		rime-Kee	per	Pulmonary Tu	uberculosis	Nov.
Madustry	or business in	which			L.W.A.D.Y.A.W.A.JA.	NM. F. V. M. F.	1934
SAW	was done, as: MILL, BANK,				-		10.03
	ceesed lest wo occupetion (mo	nth end 7	11. Total ti	me (years) nt in this OYrs			
					Other Contributory Causes of Imp	portence:	
12. BIRTHPLAC	E (city or town) country)		Maryla	and	Fotol Dulmon	ary Hemorrhage	
13. NAME		Richa	rd H. C.	FILE (1997)	Lavar Larmon	or A Damor I Hog.	2
E	Acres 1				Name of apprehian none	ePos Pu	bto of
(Ste	te or country)	own)	Maryla	and		st-X-Ray West	
15. MAIDEN	NAME	Franc	es Cors			auses (VIOLENCE) fill in also the	
15. MAIDEN	LACE (city or to	-215 116 -116				Dele of injury	
₹ (Sta	le or country)		Maryla	and.	Where did injury occur?		
17. INFORMANT (Address			nry Cler Maryla	msen Jr:	Specify whether injury occurred	(Specify city or town, county in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
18. BURIAL, CRE	MATION, OR I	REMOVAL			Menner of injury		
Plece	Balto.	Md	Date Un	known, 19	Nature of injury		07000==00=0
10 HADEDTAKE	D	M.L:Cr	eager	NA.		way releted to occupation of dece	sed? no
19. UNDERTAKE (Addies:			Md		If so, specify	+111	
20. FILED	577	19		D	(Signed) Allwas	M. S. Shaf	fer M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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6	1/2	ı	1	3.3
4.1	1.7	٦.	9	0.7

1	L PLACE O	F DEAT	Н			(50)	0000
	County	Frede	rick			Registration Dist. No. 130	>
	Village or C	ity Buc	keystov	vn.		1/0 5 30	
	Length of resi	idence in cit	v or town where d	leath occurred 25	vrs mos	No. No. No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs	number)
					inia Com		
-							
	(a) Residen	ice: No	ouckeys:	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
ercolicityel	PERSON	IAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex emale	whit	OR RACE	5. SINGLE, MAR OR DEVORCE	RIED, WIDOWED. (write tha word)	June 1st., (Month) (Dey)	., 193 (Year)
5a.	If marriad, widow HUSBAND of (or) WIFE of		ced 1 U. Con	nnher		22. I HEREBY CERTIFY, Thet I ettender	deceased from
_		001.1		_	7070	1937, to June 1 -	19.3.7.
	DATE OF BIRTH		, ,	uly lo,			/_; daath is said
7.	AGE Yea	57	Months 10	Days 21	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at. 3.930 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance ware es follows:	Date of onset
Z	8. Trade, profe	ssion, or pa	rticular as SPINNER.	Housewif	°e	A	
ATIC	SAWYER	, BOOKKEEI	PER, etc			Caramona of areast	1932(?)
UP	work wa	s done, as S LL. BANK, e	which A	t nome		<u>Q</u>	
OCCUPATION	10. Date decaas	ad last work pation (mon	ked at .	7 11. Total ti	me (years) It in this 30 pation		
12.	BIRTHPLACE (ci		Mary	land		Other Contributory Causes of Importence:	
~	(State or cou		r Carte	n		meteralite carcinoma of hing	
FATHER						70001	
-	14. BIRTHPLACE (State of	country)	wn) Mary		~~~~~	Name of operation	1/2
HER	15. MAIDEN NA	ME AT	nanda V	. Davis		23. II deeth was due to external causes (VIOLENCE) fill in also the Ioliowin	ıg:
MOTHER	16. BIRTHPLACE (State of	(city or to	wn)Virg	<u>inia</u>		Accident, suicide, or homicide?	, 19
17	. INFORMANT			S. Pfe:	ifer.	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18	. BURIAL, CREMAT	TION, OR R	CREVSTO	wn, Ma.		Manner of Injury	
				a.Date6/4	1 , 19 37		
19	UNDERTAKER		R. Etch	ison & B	Son	24. Was disease or injury in eny way raiated to occupation of dacaased?	no
20	FILED STATE		7	Justo	less Registrar.	(Signad) Charles N. Coully (Address) Bullsystation) NQ. M. D.
-			16.	41.4	11 . C D	N. O. J. C. British B. G. C. M.	

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.-WRITE PLAMLY,

V. S. No. 1

ż

	AND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(108)
County Frederick		
Village or City Frederick	(If	No. Free mick City Hospitast., Ward death occurred in a horpital orientatution, give its NAME instead of street and number)
Langth of rasidence In city or town whera daath occurred	s. ll mos.	22.ds. How long In U. Cof foralgn birth?yrsmosds.
2. FULL NAME Helen Virginia Crun	n	If U. S. Veteran, specify WAR None
(a) Residence: No. E. Patrick		St., Ward.
(Usual place of about	de)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL		MEDICAL CERTIFICATE OF DEATH
Female White Single, Married. Or Divorced (with		June 8th, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from Africa. 19.37, to 9 sept. 5, 19.37
6. DATE OF BIRTH (month, day, and year) July 16, 19	924	I last saw h D eliva on June 08 2, 1987; death is said
7. AGE Yeers Months Days I	f LESS than	to have occurred on the date stated above, at!2!tm.
	ay,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Student SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Public School SAW MILL, BANK, etc. 10. Oeta decassad last worked at this occupation (month and spenting the second in	9970)	Louismonia (Lebias) June 3, 3
this occupetion (month end spent in the yeer) occupation	his C	2
12. BIRTHPLACE (city or town) (State or country) Maryland		Other Coutributory Causes of importence: R Kunner Lage Years Excellence Court
II. NAME Charles C Crum		Levilardite with Efferen
13. NAME Charles C Crum 14. BIRTHPLACE (city or town)		Name of operation Oate of
(State or country) Maryland		What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Margaret E. Barthlo	WC	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Margaret E. Barthlo 16. BIRTHPLACE (city or town) (State or country) Maryland		Accident, suicide, or homicide?
17. INFORMANT Charles C. Brum (Address) 315 E. Patrick St., Fr	ed'k N	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVET Plack Y. Olena Trell Coats 10- Se		Manner of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland		24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO 9 June , 1937 La J. Mc	Judy	(Signad) Prederick, Jaryland M.D.

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Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN	

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6611
1. PLACE OF DEATH	
County Declereck	Registration Dist. No
Village or City 5 rederech	No. Skullreeld Cult. Hospelal Ward death occurred in a hospital or institution, give it NAME instead of street and number)
(If Length of residence In city or town where death occurred25_yrsmos	death occurred in a hospital or institution, give REMAME instead of street and number) ds. How long in U.S. if of foreign birth? ds. wrs. mos. ds.
2. FULL NAME Skank Haward , Dea	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. // Coll Adultation (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Malle Malle Morrison	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Naurie S. Mes plans	22. I HEREBY CERTIFY, That I attended deceesed from 1937, to 1937
6. DATE OF BIRTH (month, dey, and year) askil 2, 1844	I last saw h _ + m elive on 6/2, 1937 ; death is seid
7. AGE Yeers Months Deys If LESS then 1 dey, hrs. or min.	to heve occurred on the dete stated above, at9:42 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8 Trade profession or particular	Con gestive beaut failure 3/19/77
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	un orandeal degeneration
10. Date deceased lest worked at this occupation (month and yeer) - Nove 1, 1937	
12. BIRTHPLACE (city or town) Bal linearly (State or country)	Other Contributory Causes of Importence: Justinating Wellium:
13. NAME John Respland 14. BIRTHPLACE (city or town) Ballimare, (State or country)	Neme of operation
15. MAIDEN NAME Lydia Laurie	What test confirmed diegnosis? Was there en autopsy? Was there en autopsy?
5 16. BIRTHPLACE (city or town) Lul adelphice	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Namin Dispasery (Address) Fudereck	Where did injury occur? (Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mr. O Livet Cleve Terropote June 11, 1937	Manner of Injury Nature of Injury
19. UNDERTAKER C. E. Cleich + for (Address) Se bee Dore cope, med.	24. Was disease or Injury in any wey releted to occupetion of deceased?
20. FILED II June 1937 Dra J. M. Surdy. Registrat.	(Signed) M. D. (Address) 9 2 2 1 1

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JOL 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JUL SERIL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	UND	1 year
		. 8.	

BINDIN

FOR

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year 🔻	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

6614

1. PLACE OF	DEATH			(23)	
County		lerick,		Registration Dist. No. 139	
Village or Ci	ty State		rium, Md	No. St., death occurred in a horpital or institution, give its NAME instead of street and no. 14 ds. How long in U.S. If of foreign birth? yrs. mo	Ward
				If U. S. Veteran, specify WAR	30
2. FULL NAM					and (
(a) Resident	e: No	Usual place	of abode)	Easton Ward. Talbot Co. Maryl If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Sing	RRIED, WIOOWED, D (write the word)	21. DATE OF DEATH June 1 (Month) (Day)	, 193
5a. If married, widowe HUSBANO of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I ettended of	deceased from
6. DATE OF BIRTH (month, day, end year)	April]	0 1914	June 18 19 36 to June 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; death is said
	3 1	0ays 22	If LESS than I day,hrs. ormin.	to have occurred on the date steted ebove, et 8 . 30 P M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, profession, or particular kind of work done es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked et this occupation (sponth end			eper		May 1937
10. Date decease this occup year)	d lest worked et ation worked end 193		time (years) ent in this Yr upation 1	Other Coatributory Causes of importance:	
(Stete or coun		Marylar		Pulmonary Tuberculosis	-
当 13. NAME	T.Car	roll Du	Lin	· · · · · · · · · · · · · · · · · · ·	
(Stete or	(city or town)	Marylar	nd.	Neme of operation NONE Date of	
15. MAIOEN NAME 16. BIRTHPLACE (Stete or	(city or town)	cca E.		23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide?	, 19
(Address)	Rebecca M Easton, M			Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	ίćε.
18. BURIAL, CREMAT	ton, or removal	Oate Un ku	nown 19	Manner of injury	
19. UNDERTAKER (Address)		Creages	1.	24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed) The device of the second of the	10.
20. FILEO	13.19	1 Coll	Registrar.	(Address) Itale & Java Juin	my lus

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	July 5,1927	Peritonitis	3 days ago
NUREAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	-WRITE PLAI mation should CAUSE OF DI	
V. S. No. 1	N. B.—W	

1. PLACE OF DEATH	127
County Treasures	Registration Dist. No.
Village or City Goodwittut	No. St., Ward
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Melvin (Oliver Fin	ch
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White Married	(Month) (Oay) (Year)
e. If merried, widowed or divorced HUSBANO of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Colora Belle Finch	- Felinar 20 1937 to June 22 1937
DATE OF BIRTH (month, day, end yeer) May 27 1875	I lest saw han alive on 1 18 1937; deeth is said
AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, at 10,304m.
62 0 25 1 day,hrs	wors as follows: Or DEATH end related causes of importence
8 Trade profession or particular	Condrain Occlusion Pate of onset
kind of work done, as SPINNER, Decorator	
Industry or business in which work wes done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month end)	
this occupation (month end) 93 4 spent in this yeer)	
2. BIRTHPLACE (city or town)	Other Contributary Causes of Importence:
(State or country) Lowa	All to O 17ti cl
13. NAME Isaao Frien	Matthon Cordina Mis.
13. NAME Jaao Frieh 14. BIRTHPLACE (city or town) alef	Name of operation Dete of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helow	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Helou 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
(State or country) (Muzuowu	Where did Injury occur?
7. INFORMANT Mus Clause Friels (Address) Kestuar P. + +2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Misalelvurg Dete June 26, 1937	
9. UNDERTAKER Powell & albaugh	24. Was diseese or Injury In any wey related to occupetion of deceesed?
(Address) Liverty and	If so, specify
O FILED LYMR 25 1937 MA Curfulan	(Signed) Castralay MD
Registrar.	(Address) Workerwill Mayland

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BURDA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	1200
County Decederack	Registration Dist. No./3/
Village or City Se see Derich	No. 4 Houter St. Ward
	f death occurred in a hospital of matitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U. S. of foreign birth?mos,ds.
2. FULL NAME (elker fulker Jenney)	cach If U. S. Veteran, spicify WAR 10
(a) Residence: No. 4 Water Street (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white married	June 29 1937
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WHEE of English May Shelld Figures	22. HEREBY CERTIFY, That I ettended deceased from
- Sunta may sittle striking	May 27 1937, 10 frame 79 , 1937
6. DATE OF BIRTH (month, day, and year)	Tiest saw harmanalive on 1957; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/(
Ul	were as follows:
Rede, profession, or particular kind of work done, es SPINNER, Blueshumaker SAWYER, BOOKKEEPER, etc	7-1-1-1
9 Industry or husiness in which	uora cos
work was done, as SILK MILL, Factory	wit Paroupmal Dyppnea
10. Date deceased last worked et this occupetion (month and page 11. Total time (years) spent in this 2.0	was varous mae vyspinea
year)aprils 1957 occupation 3	Other Coatributery Causes of importance:
12. BIRTHPLACE (city or town) Lewis Town	D o
(State or country) Mid.	- Luelic oregin!
13. NAME David W. Jenney freede	<i>O</i>
14. BIRTHPLACE (city or town). Reusis town	Name of operation
(State of Country)	What test confirmed diagnosis? Hasserman Was there an autopsy? Us
15. MAIDEN NAME Cuma M. Powells 16. BIRTHPLACE (city or town). It leverage Cu.	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) - Ledereck (4.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & eller Himsey Grack	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) St. Feldereck, Miss. 18. BURIAL, CREMATION, OR REMOVAL	
Place Mit . O livet Court Date Ouly 2 , 1993	Manner of Injury
0 8 00 A	Nature of mjury
19. UNDERTAKER C: E. Clickly & Abu	24. Was disease or injury in any wey related to occupation of deceased?
(Address) I telderely, Mal.	If so, specify Gorse and G
20. FILED - July 1957 All Cherche	(Signed) M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	8.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sr. 16 & Bourn

AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified.

MARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA-ECORD. Every item of infor-See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. -WRITE

1. PLACE OF DEATH	(10)	
County, Fredbuck	Registration Dist. No. 134	
Village or City Bridgeport	NoSt.,	Ward
	If death occurred in a horpital or institution, give its NAME instead of street and num is. 2.9ds. How long in U.S. if of foraign birth?	
2. FULL NAME Genald M. Flesh	10	
	OL Wald	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)		93.7
5a. If married, widowad, or divorcad	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Vanl	22. 1 HEREBY CERTIFY. That I attended dec	eased from
6. DATE OF BIRTH (month, day, and yaer) May 6, 1937	I last saw h. Long aliva on 6 - 5 - ,193.7; di	,
7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated abova, et	
0 0 29 1 dey,hrs	THE PRINCIPAL CAUSE OF DEATH and Talated Causes of Importance	ate of onset
8 Trade profession or particular	P	ate of onset
SAWYER, BOOKKEEPER, etc.	Jastis Enkells	Days
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1	
10. Date daceased last worked et this occupation (month and spent in this	feath Kouvulsians	
year)pcoupation	Othar Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stata or country)		
1 Maria Company		
= //9/10/1		
14. BIRTHPLACE (city ox town)	Name of operation Date of What test confirmed diagnosis? Wes there an auto	
15. MAIDEN NAME JORATHU GULLON-	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:	psy:
15. MAIDEN NAME Starthy bylk 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19
Stata or country)	Whara did injury occur?	-, **
17. INFORMANT Joland Fleagle (Addrass) Janeir Court, June	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Lutheran Janua June 7, 1937	Nature of injury	
19. UNDERTAKER O TUBSY SON (Addrass), and Alma Man	24. Was disaase or injury in eny way ralated to occupetion of daceased?	
20. FILED Aug 6, 1937 M. P. Shirt	If so, specify (Signed) (Address)	M. D.
If more blanks we needed address Gase Periode	(Addrass) Muray mit	

V. S. No. 1

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Chronic interstitial nephritis 9 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAU V. S.	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

TION is very important. See instructions on back of certificate.	1.
10	
Statemen	
Tryact /	3. S
ciassined.	3. S M 5a.
CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.	12. WOLLER FATHER 17. 18. 19. 20.
of	TION
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See i	MOTHER FATHER
ant.	HER
port	MOT
y in	17.
ver	18.
N is	
TIO	19.
)	20.

CORD. Every item of infor-PHYSICIANS should state

stated EXACTLY

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

supplied.

mation should be carefully

V. S. No. 1

	9	THE	1 1/1/ /1/	ILINID.	CERTIFICATION OF BEATIN	
1	. PLACE OF DEA	TH			(23)	
	CountyE	rederic	k,		Registration Dist. No. 139	
	Village or City	State Sa	natoriu	m. Md.	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of residence in ci			(If	death occurred in a hospital or institution, give its NAME instead of street and nur. 18.ds. How long In U.S. if of foreign birth?yrsmos.	aber) ds.
7	FULL NAME	Frank	Fleigh		If U. S. Veteran, specify WAR	
/	(a) Residence: No.	200 W	(Usual place		St., Ward. Baltimore, Maryland If nonresident give city or town and St	
	PERSONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race	5. SINGLE, MAR OR DIVORCE Widow	RfED, WIDOWED, D (write the word)	21. DATE OF DEATH June 6 (Month) (Day)	93 7
5a.	If married, widowed, or dive	orced				
	(or) WIFE of	Unk	nown	-70	22. HEREBY CERTIFY, That I attanded da Jan. 18 19 37 to June 6	
			Feb. 2	1872	Hast sew h im aliva on June 5 19.37;	
_	DATE OF BIRTH (month, da AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated ebove, a8.10. A. M.	
	65	4	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca	
_	*	_		ormin.	wera as follows:	Date of onset
0	Trede, profession, or p kind of work done, SAWYER, BODKKE	, as SPINNER, EPER, atc	Motorma	n	Pulmonary Tuberculosia	Noy.
OCCUPATION	9. Industry or business i work wes done, as SAW MILL, BANK,	SILK MILL,	St. Rwy	T		1936
00	10. Date decaased last wo this occupation (my yaar)	onthand 1039	11. Total i	ima (years) nt In this 30Yrs upation		
12	. BIRTHPLACE (city or town)				Other Contributory Causes of Importance:	
14.	(State or country)		Marylar	nd.	Diabetes Mellitus.	100
ER	13. NAME	August	Fleigh		Diabetic Gangrene	
FATHER	14. BIRTHPLACE (city or t				Name of operation none pos Sollicum	1.
F	(Stata or country)		German	<i>y</i>	What tast confirmed diegnosis?	opsy?no
ER	15. MAIDEN NAME	Hannah	1	?	23. If death was due to external causes (VIOLENCE) fill in also the following:	. 17 (-2)
MOTHER	16. BIRTHPLACE (city or t	own)			Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)		German	У	Where did Injury occur? (Specify city or town, county and State)	
17.	. INFORMANT (Address)	Frank	r Fleigh	n. Md '	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	BURIAL, CREMATION, OR Placa Balto	REMOVAL			Manner of injury	
		MI	creager		24. Was disagee or injury in any way related to occupation of dacaged?	0
19	(Address)		noble M	i .	If so, specify 1 + I & I	
	101/117		11VA		(Signed) Selwar S. / Maffer	М. [
20	FILED JEGG.	19	1	Registrar.	(Address State Sanatorium	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example I		Example II	
The principal cause of d of importance were as for Arteriosclerosis	leath and related causes blows: RECEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Example 1				Example II		
The principal cause of dea of importance were as follows:	th and related ows:	causes	Date of ons	The principal cause of death and related causes Date of onset of importance were as follows:		
Arteriosclerosis	JUL 6	1937	1915	Attack of epilepsy 1 week ago		
Chronic interstitial nephrais			1921	Run over by street car 1 week ago		
Cerebral hemorrhage	BUREAU	V. S.	July 5,19	7 Peritonitis 3 days ago		
1						
Other contributory causes	of importance:			Other contributory causes of importance:		
Gallstones			May 1,19	3 Gastroenteritis 1 year		

should state of OCCUPA-Exact statement UNFADING INK-THIS IS A PERMANEN properly classified. See instructions on back of certificate. should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH				W.	(9)		- /
County Freder				This		on Dist. No.	3/
Village or City Fre		ath occurred	(If	No. 13 E.G. death occurred in a hospit ds. How long	al grinstitution, give its NA	ME instead of street a	Ware and number)
2. FULL NAME Ma	, 4				Veteran, specify WAR_		
	0/-	ixth	Z6±Y				
(a) Residence: No. 1	Allon	(Usual place of	of abode)	St.,Ward		ent give city or town	and State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDI	CAL CERTIFICAT	TE OF DEATH	4
Female Whi			RIED, WIDOWED, O (write the word)	21. DATE OF D	EATH June (Month)	26th,	, 193 ¹⁷ (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	đ			22. I HE	REBY GERTI	Y. Thet I ettend	ded deceased fro
C DATE OF DIRECT (- and day -	m	10.00.4	10,193	as saw her e	live on LUA	Let IV	deeth is sa
6. DATE OF BIRTIF (month, dey, e 7. AGE Years	Months	Days	If LESS than f dey,hrs.	to the occurred on the	e dete steted above, at		
8. Trade, profession, or pertikind of work done, es SAWYER, BOOKKEEPE 9. Industry or business in work was done, as SIL SAW MILL, BANK, etc.	SPINNER, R, etc	Infant	ormin, -	Torong	wil Prior	MMLA	Date of one
SAW MILL, BANK, etc. 10. Date deceased lest worke this occupation (month yeer)	d at and		me (years) It in this pation				
12. BfRTHPLACE (city or town) (State or country)				Other Contributory Ca	nses of importence:		91/37
# 13. NAME Daniel	Fogle						
f4. BIRTHPLACE (city or town (State or country))——Mary	land		Name of operation What test confirmed di	legnosis?	Dete	
# 15. MAIDEN NAME Mil	dred Fi	ite		23. If death was due to	external causes (VIOLENCE) fill in also the folio	wing:
f5. MAIDEN NAME Mil f6. BIRTHPLACE (city or town (Stete or country))Mar	yIand		Accident, suicide, or h	omicide?		
17. INFORMANT Mr. Dan (Address) 13 E.	iel Fog	gle, Fred	k Md.	Specify whether Injury	(Specify city occurred in INDUSTRY, in	y or town, county and HOME, or in PUBLIC	PLACE.
f8. BURIAL, CREMATION, GR. REA Place Walkers V	MOVAL Glad	de Ceme	terv	7			
	rick, 1	son & So	on d	24. Wes disease or init	rry in Try way related to oc		7
20. FILED 26 Julie, 19	37 le	ay Mi	Registran	(Signed)	Frederick.	Marylan	d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED		of importance were as follows:	Date of onset		
	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUNEAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
·					
		· · ·			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLAGE OF DEATH	0/ - 148/ ->
com ulimera: Mean o	Registration Dist. No. 1 40
Village or City	St., Ward
Length of residence in city or town where death occurred	teath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME MILLE	abith I ble.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SE SCOLOR OR RACE 5. SUPPLEMENTED, WHO WED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF GEATH
3. SS SUNDENMARKED, MADDWED, OR OUT ORCED (which the word)	(Month) (Day) (Vear)
5a. If married, widowed or divorced HUSBAND of	22 HEREBY CERTIFY That I attended deceased from
(or) WIFE of property of the contract of the c	Jen (1,10 / 10 free (,1939
6. DATE DY BIRTH (month, day, and party)	1 Jast saw 12 elive on 19 19 1; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
My Manus mit.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	(Communy)
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	12 Caddly Bry
SAW MILL, BANK, etc.	Primary in cervity of interned.
O 10 Date deceased last worked at this occupation month end spent in this occupation were spent in this occupation.	Other Contributory Causes of importance: -uterus Causes of
12, BIRTHPLAGE (city or town)	Other Contributory Causes of importance: Secondary in Gladden and
(State pycountry)	returns Duration! three years.
13. NAME JUT / STANDING	0
13. NAME 14. BIRTHPLACE (city of Gwa)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autoess
I 15. MAIDER NAME CALL COM MAYER	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
Willia Falle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFDRMANT (Address)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place Policy - Off Date Jane 4. 1837	Nature of injury
19. UNDERTAKER BCBOTTON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Walterwells ma	(Signed) I M. H. M. D.
20. FILED Registrar.	Aptress) A manual for
If more blanks are needed address State Peristran	244 N. Charles Street Bakimore Requestion 71 S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/10/100010/08/5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(247)			
County Tred	greats	·		Registration Dis	t. No. 14	f
Village or City	Lucianon	4	No		St	Ward
			death occurred in a hospital or instit			umber)
Length of residence In city or town	where death occurred&	Q_yrs/_Q_mlos	How long In U.S. if	of foreign birth?	yrsmo	sds
2. FULL NAME CAM	Elisab	eth Fo	remon			
(a) Residence: No.	J.yE		St., Ward.			
(-,	(Usual place	of abode)		If nonresident give	city or town and	State
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL C	ERTIFICATE C	F DEATH	
Temple 1. color or RA		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	Acces (Month)	2 (Day)	193
5a. H married, widowed, or diversed	11	EAL.		(MOILLI)	(Day)	(real)
(or) WIFE of	1.7		22. HEREB	Y CERTIFY.	That I attended d	leceased from
vienty	Gour	marie	May 12	, 19.3.7. to	212	, 19.3.9
5. DATE OF BIRTH (month, day, and year	Luche 15	1856	I last saw h alive on	00/	51, 19.37.	; death is sai
7. AGE Years Mon	this Days	If LESS than	to have occurred on the date stat	ed above, at SA	m.	
80 /	0 17	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes o	fimportance	
8. Trade, profession, or particular	- 11		Cerchal	throwt	reci	Date of onse
kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc	er, Horas	elufe	Maronic an	Carral SI	Permi	1000
kind of work done, as SPINNI SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at	House	seen k				
10. Date deceased last worked at this occupation (month and year)	11. Total ti	me (years) ht in this				
	2 1		Other Contributory Causes of imp	ortance:	0 -	
2. BIRTHPLACE (city or town)	parylan	*d	arhouse	Luz (C)	Love C	1.817
	01.	120 0				
13. NAME	ceanny.	Lack				
13. NAME 14. BIRTHPLACE (city or town)	Manker	and	Name of operation	1 age	Date of	
(State of country)	11/00-12		What test confirmed diagnosis	my cy	Was there an au	Jopsy?_2
15. MAIDEN NAME Marts	a Carm	rocts	23. If death was due to external ca	uses (VIOL ENCE) fill In	also the following:	
15. MAIDEN NAME Marth 16. BIRTHPLACE (city or town)	marrels	md	Accident, suicide, or homicide?	Date	of injury	, 19
(State or country)	//-/		Where did injury occur?			
7. INFORMANT Mas Ma (Address)	urice the	Mhide	Specify whether injury occurred i	(Specify city or town INDUSTRY, In HOME,	n, county and State or in PUBLIC PLA	CE.
8. BURIAL, CREMATION, OR REMOVAL	· Theward 1	10-11-	Manner of injury			
Place B. Corneling	Date Les	e. J., 19.3.7	Nature of Injury			
14:000	1:0.8/1				. 6 16 10	71
9. UNDERTAKER (Address)	Lack y Cos	ugor	24. Was disease or injury in any v	vay related to occupation	n of desceased?	
(1401699)	of history	7	If so, specify	2117 (K		
20. FILED FILES T 1937	Ama W.	mule	(Signed)	7	-1-1	M. 1
	/	Registrar.	(Address)	mun	The second	4

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Example I VED	1	Example II	
The principal cause of death and related causes of importance were as follows: 3 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FAII V G	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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mation should be carefully

V. S. No. 1

TION is very important.

1. PLA	CE OF DEAT	ГН			(159)
Cour	nty Freder	rick			Registration Dist. No. / 36
	ige or City Nr_{ullet}			(lí	No. Nr. Urbana St., War death occurred in a horpital or institution, give its NAME instead of street and number) 3. ds. How long In U.S. if of foreign birth? yrs. mos. d
2. FUL	L NAME JE	mes Wi	lliam F	oreman	If U. S. Veteran, specify WAR_None
	Residence: No. 1				St, Ward. If nonresident give city or town and State
PE	RSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex male		r or race	single, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH June 28th, , 193 7 (Month) (Day) (Year)
5a. If marrie HUSBA (or) WI	ed, widowed, or divo ND of IFE of				22. 6 - 1 HEREBY CERTIFY, That I attended deceased from 1937, to 6 - 28 - 1937
6. DATE OF	BIRTH (month, day	y, and year)	une 26,	1937	I last saw h im alive on 6-28-,1937; death is sa
7. AGE	Years •	Months	Deys 3	If LESS than I day,hrs. ormin.	to have occurred on the date steted above, at 8 a 15 Pm. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance were as follows: Oate clone:
12. BIRTHPI	work was done, as S SAW MILL, BANK, of a deceased last wor this occupetion (more year)	rked at nth end	sp oc	tima (years) ent in this cupation	Other Contributory Causes of Importanca:
13. NAN	ME John H	R. Fore:	man		
H 14. BIR	THPLACE (city or to (State or country)		land		Name of operetion
15. MAI	DEN NAME NO	ellie V	. Bowie		23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
Σ	THPLACE (city or to (Stete or country)	/#11/	yland		Accident, suicide, or homicide?
(Add	ANT J. R. dress) I jmsv	ille, M	d. R. D	•	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	CREMATION, OR F			lle, Md. e 29, 1937	Menner of Injury
19. UNDERT	AKER M. I		ison &	Son	24. Was disease or injury In any way ralated to occupation of deceased?
20. FILED	Ine 29	1937-41	Offine	lucksey Registrar.	(Signed) U: J. Doreme M. (Address) Freduck Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Φ /\	The principal cause of death and related causes of importance were as follows:	
21716710801670818	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:	THE STATE OF	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
811			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIA	N
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M	ECORD. Every item of infor-	Y. PHYSICIANS should state	-Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDING	BWRITE PLANKY, WIM UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	100	1	1	

V. S. No. 1

County Frederick Village or City Mountaindale Length of residence in city or town where death occurred. I. yrs. 7. mos. 19 ds. How long in U.S. If of foreign birth? 2. FULL NAME Reba Bell Fultz (a) Residence: No. Mountaindale PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Bringle S. SINCE, MARED, WIDOWED S. DATE OF BEATH MUSBARD F. C. DATE OF BEATH TO min. 7. TO min. 8. DATE OF BEATH TO min. 8. DATE OF BEATH TO min. 8. Princh, profession, or particulars Sind of work done, as Stik Mill. SAW MILL, BARK, etc. 11. Total time (pasts) Saw Mill, BARK, etc. 11. Total time (pasts) Saw Mill, BARK, etc. 11. Total time (pasts) Saw Mill, BARK, etc. 12. BIRTHPLACE (city or town). MOUNT alindale White Total time (pasts) Saw Mill, BARK, etc. 12. BIRTHPLACE (city or town). MOUNT alindale Saw Mill, BARK, etc. 11. Total time (pasts) Saw Mill, BARK, etc. 12. BIRTHPLACE (city or town). MOUNT alindale Saw Mill, BARK, etc. 12. BIRTHPLACE (city or town). MOUNT alindale Saw Mill, BARK, etc. 13. HOW I town as a particular with the work of the set of the past of the set of th	STATE OF MARYLAND-	CERTIFICATE OF DEATH 6625
Village or City Mountaindale Langth of residence in city or town where death occurred I. yrs. 7. no. 19. death occurred in a horspial or institution, are as NAME instead of street and number) 2. FULL NAME Rebg. Bell Fultz (a) Residence: No. Mountaindale (Unasiphace of abdoc) PERSONAL AND STATISTICAL PARTICULARS S. S. Ward. Il nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RAZE 5. SINGLE, MARKED, MIDIOVED, DO DIVORCED (waite this word) Female White Single Sin	1. PLACE OF DEATH	(108)
Length of residence in city or town where death occurred. I. yrs. 7. mos. 19 ds How long in U.S. If of foreign birth? mos d 2. FULL NAME RODA BOLL FULTZ (a) Residence: No MOUNTAINGALE (b) Residence: No MOUNTAINGALE (c) Residence: No MOUNTAINGALE (d) Residence: No MARKED, MUDOWAD (d) Residence: No M		Registration Dist. No. 17
Length of residence in city or town where death occurred I yrs 7mos. I9 ds How long in U.S. If of foreign birth?yrsmosd. 2. FULL NAME Reba Bell Fultz (a) Residence: NoMOUNTAINGLE SELL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City Mountaindale	
(a) Residence: No. MOUNTAINCALE (Usualphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White SINGLE MARRIED, WIDOWED. SOLD DEATH June 25, 1937 (Month) (Day) (Verr) Sold Married, widowed, or divorced (Color Of Race Sold Morried (Color Of Race Months Nov. 6th. 1935 Illust saw helf allve a Sold Sold Sold Morried (Color Of Race June 21,1937, 19. to June 25, 1937, 19. June 25, 1937, 19. to June 25, 1937, 19. June 21,1937, 19. to June 25, 193	Length of residence in city or town where death occurred $oldsymbol{I}_{}$ yrs $oldsymbol{T}_{}$ mos	19 ds. How long in U.S. If of foreign birth?
Clust place of abode If nonerickent give city or town and State	2. FULL NAME Reba Bell Fultz	
3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE White Single Single White Single Single Single Loar of divorced HUSARD Or Divorced HUSARD HUSARD Or Divorced HUSARD Or Divorced HUSARD HUSARD Or Divorced HUSARD HUSARD Or Divorced HUSARD HUSARD Or Divorced HUSARD HUSARD HUSARD Or Divorced HUSARD H	(a) Residence: No. Mountaindale (Usual place of abode)	
Female White Single Single (Month) (Day) (Year) 53. If married, vidowed, or divorced HISSAND (Month) (Day) (Year) 54. If married, vidowed, or divorced HISSAND (Month) (Day) (Year) 55. If married, vidowed, or divorced HISSAND (Month) (Day) (Year) 55. If married, vidowed, or divorced HISSAND (Month) (Day) (Year) 56. DATE OF BIRTH (month, day, and year) Nov. 6th. 1935 7. AGE Years Months Days If LESS than I day. If LESS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	Female White Single	June 25, 1937 193
7. AGE Years Months Days If LESS than I day. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular from the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 30 A.e In Death of the date stated above, a52: 40	HUSBAND of	
7. AGE Years Months Days If LESS than I day	6. DATE OF BIRTH (month, day, and year) Nov. 6th. 1935	I last saw her alive on June 25, 1937; death is sai
Strade_profession_or_particular Strade_variation Strade_variatio	7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
this occupation (month and year) spent in this occupation. 12. BIRTHPLACE (city or town) MOUNTAINGALE (Co. MD 13. NAME WILLIAM R. FULTZ 14. BIRTHPLACE (city or town) Lewistown. (State or country) Md 15. MAIDEN NAME Sophia Brice 16. BIRTHPLACE (city or town) Thurmont. (State or country) Thurmont. 17. INFORMANT Wm. R. Fultz. (Address) Thurmont 18. BURIAL CREMATION, OR REMOVAL Place. 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Signed) Signed) Signed May a supplied of importance: Other Coatributory Causes of importance: Other Coatributor	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Lobar pneumonia June
this occupation (month and year) spent in this occupation. 12. BIRTHPLACE (city or town) MOUNTAINGALE (Co. MD 13. NAME WILLIAM R. FULTZ 14. BIRTHPLACE (city or town) Lewistown. (State or country) Md 15. MAIDEN NAME Sophia Brice 16. BIRTHPLACE (city or town) Thurmont. (State or country) Thurmont. 17. INFORMANT Wm. R. Fultz. (Address) Thurmont 18. BURIAL CREMATION, OR REMOVAL Place. 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Signed) Signed) Signed May a supplied of importance: Other Coatributory Causes of importance: Other Coatributor	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	[
12. BIRTHPLACE (city or town)	O this occupation (month and spant in this	
13. NAME WILLIAM R. FULTZ 14. BIRTHPLACE (city or town)	12. BIRTHPLACE (city or town) Mountaindale (State or country) Frederick Co. MD	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) Thurmont MD 10. Creager & Son. (Address) Thurmont 11. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) Thurmont 19. UNDERTAKER (Address) Thurmont 19. UNDERTAKER (Address) Thurmont MD 10. (Signed) (Signed) (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) Thurmont MD 19. UNDERTAKER (Address) Thurmont MD 10. (Signed) (Signed) (Signed)	# 13 NAME William R. Fultz	-
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME Sophia Brice 16. BIRTHPLACE (city or town)	Lewistown	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Thurmont MD (Address) Thurmont MD 18. BURIAL, CREMATION, OR REMOVAL Place Lewistown Date Jun. 27th 19. UNDERTAKER (Address) Thurmont MD 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. No Nature of injury 19. UNDERTAKER (Address) Thurmont MD 24. Was disease or injury in any way related to occupation of deceased? No Signed) Signed) Signed) Signed)	(State or country)	
16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Wm. R. Fultz. (Address) Thurmont 18. BURIAL, CREMATION, OR REMOVAL Place Lewistown. Date Jun. 27th. 19. Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Nature of injury. 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 20. Signed) Signed M. South M. M.	II 15. MAIDEN NAME CONTACT DOOR	
17. INFORMANT Wm. R. Fultz. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Thurmont MD 18. BURIAL, CREMATION, OR REMOVAL Place Lewistown. 19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont MD 19. UNDERTAKER (Address) Thurmont MD 20. EURD Research M. L. Creager & Son. (Signed) Signed M. Sig	o 16. BIRTHPLACE (city or town) Thurmont	Accident, suicida, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Lewistown. Jun. 27th. 19 Nature of injury Nature of injury 19. UNDERTAKER (Address) Thurmont MD Signed) (Signed) (Signed) (Signed) M. J. Creager & Son. (Signed) (Signed) (Signed)	17. INFORMANT Wm. R. Fultz.	(Specify city or town, county and State)
(Address) Thurmont MD If so, specify (Signed) Osciple Mr. M. M. (Signed) (Signed) Mr. M. M.	18. BURIAL, CREMATION, OR REMOVAL Jun. 27th. IS	
20 FILED MARGOL 10 1027 Anna 01 Mills Miles		-
Registrar. (Address) Walkersville, Md.	20. FILED Jugar 26., 1937 Ama M. Janes.	(Signed) Osefol M. (Address) Walkersville, Md.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial pephritis 1111 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFALLY S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BX	PHYSICIAN	

FOR BINDING

MARGIN RESERVED

	(104)	1		
		Registration	Dist. No	139
	No			
Œ c	No	itution, give its NAN	AE instead of stree	t and number)
os.	14ds. How long in U.S. i	f of foreign birth?	VIS-	mosds.
	If U. S. Vetera	n, specify WAR		
	St.,Ward.	Baltimor If nonresiden	e . Marj	7land.
	MEDICAL	CERTIFICAT	E OF DEA	ГН
	21. DATE OF DEATH			
		June	19	193 7
		(Month)	19 (Day)	, 193 <u>7</u> (Year)
		V 0 = 0 = 1		
				ended deceased from
	55			
	i last sew h_LM alive on	June	18, 19	37.; death is said
	to have occurred on the date st	ated above, at 6-	35 - A. M.	
s.	The PRINCIPAL CAUSE OF DE			
_	were as follows:			Date of onset
r	Pulmonary Ti	uberculo	sia	Jan:
				1937
				7
1		*		
S			•••••	
S	Other Coutributory Causes of In		•••••••	• * * • • •
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5	Other Contributory Causes of In Name of operation	nportance: ne po	fill In also the fo	re en eutopsy? : lowing:
S	Name of operation	ne Pest X-R	fill In also the fo	re en eutopsy? : lowing:
5	Name of operation	ne po	iil In also the fo	re en eutopsy?O llowing: , 19
\$	Name of operation	ne po	iil In also the fo	re en eutopsy?O llowing: , 19
<u>s</u>	Name of operation	ne po	iil In also the fo	re en eutopsy?O llowing: , 19
<u>s</u>	Name of operation	ne po	iil In also the fo	re en eutopsy?O llowing: , 19
3	Name of operation	nportance: ne pe pe to X-R causes (Viol ENCE) (Specify city d in INDUSTRY, in I	Was the fill in also the for Date of Injury or town, county a lome, or in PUBL	re en eutopsy?O llowing: , 19
S	Name of operation	nportance: Popest X—R causes (Viol ENCE) in inDustry, in i	Was the fill in also the fo Date of Injury Or town, county a HOME, or in PUBL	re en eulopsy?
\$	Name of operation	nportance: Popest X—R causes (Viol ENCE) in inDustry, in i	Was the fill in also the fo Date of Injury Or town, county a HOME, or in PUBL	re en eulopsy?
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\$	Name of operation	nportance: Popest X—R causes (Viol ENCE) in inDustry, in i	Was the fill in also the fo Date of Injury Or town, county a HOME, or in PUBL	re en eulopsy?

V. S. No. 1

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Registra

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Example I		Trample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ur	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis BUREAU V &	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Ale N	, and the second		3000

V. S. No. 1

BINDING

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

B. WRITE PLA

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

2. FU	JLL NAME 1) Residence: No. 12	wn where das	Wille 3 M	yrsmos enw Yrow Short Short of abode)	St., Ward.	WAR VIEW or town at	d number) mosds.
	ERSONAL AND ST	ATISTIC	AL PARTI	CULARS	MEDICAL CERTIF	ICATE OF DEATH	
3. SEX	4. COLOR OR F	RACE :		RIED, WIOOWED, O (write the word)	21. DATE OF DEATH	(Day)	, 193_ 7
(or)	BANO of WIFE of Odele	in C		kam	June 4 , 1937		, 19
7. AGE	OF BIRTH (month, day, and ya Yaars N	nar)	Days 19	If LESS than 1 day,hrs.	to have occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH end rail ware as follows		
NOIL 8.V	rade, profession, or particular kind of work done, as SPII SAWYER, BOOKKEEPER, etc	NNER.	al me	reliant		refreatetes	Oate of onset
30	ndustry or businass in which work was done, as SILK MI SAW MILL, BANK, etc ate dacaased last worked at			ma (years)			
12. BIRTH	this occupation (month and year) - Speciel - 4 HPLACE (city or town) - 42. State or country)	11437	each)	nt in this 36	Other Contributory Causes of Importance:	alais	1937
~ 1	AME William	w Ha	mello	1 Growl			
	(State or country)	AD P	luna	· · · · · · · · · · · · · · · · · · ·	Name of operation	Oate of Was there an	
E	IRTHPLACE (city or town) (Stete or country)	Don	eves	hut	23. If death was due to external causes (VIOI Accident, suicide, or homicide? Whare did injury occur?		The same of the sa
17. INFOR	MANT Mers Ja	hu l	de gu	oul.		cify city or town, county and St FRY, In HOME, or in PUBLIC P	ate) PLACE.
- 1425	AL, CREMATION, OR REMOVA lace Set: Oliver	1/2 1	por Time	72,1937	Manner of Injury Nature of injury		
19. UNOE	RTAKER & & . (Addrass)	de	ech d	and.	24. Was disease or injury In any way related	d to occupation of deceased?	no
20. FILED	7 June , 1937	210	2 f. Mi	ESudy Registrar	(Signed) (Addrass) 774	mer Tus.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows. Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes Gallstones May 1,1923 Gastroenteritis 1 year

		ADDITION	IAL SPA	CE FOR	FURTHE	ER STA	TEME	NTS BY	PHYSI	CIAN			
CHANGE	OF	ADDITION MOTHER'S	first	name:	letter	June	29,	1937	under	DR.	KLIE.	-	Lo

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state of OCCUPA-RD. Every item of inforproperly classified. certificate. See instructions on back CAUSE OF DEATH in plain terms, so that mation should be carefully supplied. TION is very important.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH

/ Count	Frede	rick			Registration Dist. No. 14	4	
Villag	or City H	ansonv:	ille		No	Ward	
			death occurred	O yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and How long in U.S. if of foreign birth?yrs	number) nosds.	
2. FULL	NAME C	alvin	Harper		No veteran		
(a) R	esidence: No	Hanson	oville (Usual place	e of abode)	St., Ward. If nonresident give city or town an	d State	
PER	SONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	Actual National Natio	
3. SEX Mal		r or race	OR DIVORCI	RRIED, WIDOWED, ED (write the word) Ciod	21. DATE OF DEATH June 24, 1937 (Month) (Day)	., 193 (Year)	
5a. It married, HUSBAN (or) WIF			amsburg		22. I HEREBY CERTIFY, That I attended April 12, 19.37. to June 24,		
6. DATE OF B	tRTH (month, day	, and year)	April 7	7th.1880		7.; death is said	
7. AGE	Years 57 profession, or pa	Months 2	Days 17	tf LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5:_00. Ame M • The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
9 Indus	nd of work done, WYER, BOOKKEE try or business in ork was done, as S W MILL, BANK, e deceased last wor is occupation (mor	which ILK MILL,	11, Totat	aper - Hang	r Coronary occlusion	April 1937	
12. BIRTHPLA	ar) CE (city or town). or country)	TT	pnville	ent in this 25	Other Coutributory Causes of importance:		
☐ 13. NAME	Richa	rd K.	Harpel	c			
	PLACE (city or to tate or country)	wn) Let	wistown	Mq	Name of operation Date of What test confirmed diagnosis? Was there an		
16. BIRTH	tate or country) Mrs	wn) Lew: Blanch	raver istown. ne Har	MD per.	23. If death was due to external causes (VtOLENCE) filt in also the fotlowing Accident, suicide, or homicide?	ng: ,19	
(Addre 18. BURIAL, C Place	REMATION, OR R	EMOVAL	lck. MD.		Manner of injury		
19. UNDERTAL (Address		Thurmo		& Son. AD A Pouls Registrar.	24. Was disease or injury in any way retated to occupation of deceased? If so, specify (Signed) (Address) Nalkersville, Md.	No 	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Arteriosclerosis JUL 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Control of the Contro			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN	
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Frederick	Registration Dist. No. 145
Village or City Myers ville, Md	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Med sunice Cartie Harris	uan If U. S. Veteran, specify WAR
(a) Residence: No	J. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nurite the word) Widow	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Aguila Harshman	22. HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) May 24. 1876	lest yow h.selive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, et
8. Trade profession or particular	Were estollows: Date of onset 1932
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral hemorehang & 6/27/37
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. J. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month add	Pulmany edlena (427/3
10. Dete deceased lest worked and this occupation (month and yeer) 11. Total time (yeers) spent in this occupation	Chronic myocarditice duration; not
12. BIRTHPLACE (city or town). Myers ville. (Stete or country)	Other Contributory Canses of importence: My ocardeles - december sate of 6/1/37
13. NAME Frishy Cartee	a war and a second and a second a secon
14. BIRTHPLACE (city or town) Myers ville	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Chancel Was there an autopsy? Ha
15. MAIDEN NAME LOUISA Grossnickle 16. BIRTHPLACE (city or town) Myers ville	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:
[O I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Miss Mae Harshman	Where did injury occur?
(Address) Myersville. Md	
18. BURIAL, CREMATION, OR REMOVAL MY ETSVILLE	Menner of injury
Plece Grossnickles, Date Sully 1-, 193/	Neture of injury
19. UNDERTAKER Plantiell Company	24. Was disease or injury in any wey related to occupetion of deceased?
0 00 11 01 11 1 11 11	(Signed) a. Jallott Juck M. D.
20. FILED UNE 29, 1937, William D, Wathfel Registrar.	(Address) Jufferson Med

V. S. No. 1

PHYSICIANS should state

stated EXACTLY.

UNFADING INK-THIS IS A PERMANENT

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

of infor-

ord. Every item

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Chronic interstitial apphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 3 1937			
Other contributor causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	Gredenels		Registration Dist. No. 13	1
Village or	city Tre Derie	h	No. J. With a Corresponding Little Land Con.	O Was
	sidance in city or town whera	daath occurred vrs. o mo:	death occurred in a hospital or institution, give its NAME instead of street a	nd number)
/	ME MW. BM	115 111 -		_mosd
	nce: No. Burk		If U. S. Veteran, specify WAR	A State
PERSOI	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR R PACE	5. SINCE, MARRIED, WIDOWED, OP DIVORCED (was the word)	21. DATE OF DEATH (Month) (Day)	, 193 7 (Ydar)
5a. If merried, wido HUSBAND of	wed, or divorced		22. I HEREBY CERTIFY, That I attend	led deserved for
(or) WIFE of			une 15 1937, to me	193
6. DATE OF BIRTH	(month, day, end year) 2	ov. 91 1878	16/	Z : death is s
	ars Months	Days If LESS than	to have occurred on the date stated above, at	
5	8 6	22 I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	
Z Trade, profe	ession, or particular work done, as SPINNER,	4 01	acute panciality	Date of on
SAWYE	R, BOOKKEEPER, atc	on father.	Inviount intenution	6/10/
4 Judustry or	business in which as done, as SILK MILL, ILL, BANK, etc		Cuculatory colleges	-6/17
~ l	sad lest worked et upation (month end	11. Total time (years) spent in this occupation		
	Ma		Other Coutributory Causes of importance:	
12. BIRTHPLACE (c		y zaus	- Chune Myvearailes	1930
13. NAME	much a	Hillman		
Ξ . //	m	and land.	Mine	
(State o	E (city or town)		Name or operation	-
15. MAIOEN NA	AME Phelo V	isto	Third test committee diagnosis:	an autopsy?
E	1/		23. If death was due to externel causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of Injury	
State o	E (city or town)	•	Where did injury occur?	, 19
	Was 9. He	l brown	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
17. INFORMANT (Address)	Burketts	ille mal	Types, America injury occurred in INDUSTRI, III NUME, UT IN PUBLIC	FLAGE,
18. BURIAL, CREMA	TION, OR REMOVAL		Mannar of injury	
Sunbell.	sult mac	Date 10 19 37	Natura of Injury	
19. UNDERTAKER (Address)	G. H. Fut	& md	24. Was diseasa or injury in any way releted to occupation of dacaesad?. If so, specify	wo
20. FILED 1.8. 3	une, 1937 2	cay, Mc Surdy Registrar,	(Signed) (Signed) Jellocot July (Address) & Seer Sine	Wel

V. S. No. 1

ECORD. Every item of infor-PHYSICIANS should state

AGE should be stated EXACTLY

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Chronic interstitial nephritis MII 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			<u> </u>	

1. PLACE OF DEATH				920		
County Fred	derick			Registration Dist. No. / 3		
Village or City			(If	No. Near Men Market St., death occurred in a hospital or institution, give its NAME instead of street and r ds. How long In U.S. if of foreign birth? yrs. m		
2. FULL NAME	Una Fl	eenor Ro	Hi	Idebrand If U. S. Veteran, specify WAR NONE		
(a) Residence: No.				If nonresident give city or town and	State	
PERSONAL A				MEDICAL CERTIFICATE OF DEATH		
	OR OR RACE Vhite		RIED, WIOOWED, (write the word)	21. DATE OF DEATH June 24th (Month) (Day)	, 193 ¹ 7(Year)	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Joseph F. Hildebrand				22. I HEREBY CERTIFY. That I attended deceased fro		
6. DATE OF BIRTH (month, of 7. AGE Years	Months	January Days 4	20, 1872 II LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:15Pm M • The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	_; death is said	
SAW MILL, BAN 10. Date deceased last v this occupation (year)	in which s SILK MILL, (, etc vorked at nonth and 7 /	36 sper		Ohronia Myo caulatus Dither Contributory Causes of importance:	1912	
12. BIRTHPLACE (city or tow (State or country)	Maryla	nd		Metral requirentation	1909	
13. NAME Joshi H 14. BIRTHPLACE (city or (State or country	town)	land		Name of operation		
15. MAIDEN NAME Susann Staley 16. BIRTHPLACE (city or town) (State or country) Maryland 17. INFORMANT Mrs. F. R. Magel (Address) Nr. Frederick, Md. 18. BURIAL, CREMATION, DR REMDVAL Nr. Frederick, Md. Place Doubs Cem. Date L. 27, 1957				23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	, 19 te)	
				Manner of Injury		
19. UNDERTAKER	edeick?m	in & Sor	leoner	24. Was disease or injury In any way related to occupation of deceased?	led	
Registrar.				(Address) muturely	nx	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	The state of the s		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis &	1 year	
	A CONTRACTOR OF THE PROPERTY O		
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

24. Wes disease or injury in any way related to occupat

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registran

19. UNDERTAKER (Address)

20. FILED . . . 8

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage 301 8 1937	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neghritis JUL 0	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUNEAU S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

6635

1	. PLACE OF					(28)	
	County		Frederi	ck,		Registration Dist. No. 139	
1	Village or C	ity	State S	anatori	um, Md.	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	Length of resi	dence in c	ity or town where d	leath occurred	yrs. 7 mos.	18 ds. How long in U.S. If of foreign birth?mos.	ds.
2	. FULL NAI	ME	Burma	h Y. Ho	od.	If U. S. Veteran, specify WAR.	
	(a) Residen	ce: No	India	n Head,	Charles,	So, Ward. Maryland If nonresident give city of town and S	dete
	PERSON	AL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Female	4. COLO	or or race White		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH June 26 (Month) (Oay)	1937 (Year)
5a.	If married, widow	ed, or dive	orced				
	(or) WIFE of		Ci	cero Ho	od.	22. I HEREBY CERTIFY, That i attended de Oct. 28 ,19 360 June 2	
6.	DATE OF BIRTH (month, da	y, and year)	Oct. 10	1888	I last saw h.er. elive on June 26 ,19.37;	
	AGE Yea		Months	Days	If LESS than	to heve occurred on the date stated above, all 20Pm M.	
		48	8	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date ol onset
NO	8. Trede, profes	vork done,	as SPINNER,	Housewi	fp		
ATI	9. Industry or		LI LN, 010	HOUDOWI	<u> </u>	Pulmonary Tuberculosis	
UP	work was	s done, as	SILK MILL, etc				1934
OCCUPATION	10. Date decease	ed last wo		11. Total t	ime (years) ntin this upation 21Y1	8	
						Other Centributery Causes of importance:	
12.	State or cour			Georgia		none	••••••
ER	13. NAME		Judson	Broome			
FATHER	14. BIRTHPLACE	(city or t	own)			Name of operationnonepos_Sput diff of	
_	(State or	country)		Georgia		What test confirmed diegnostics to Read Was there an au	topsy?no
MOTHER	15. MAIDEN NA	ME	Eliza,		?	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
TOP	16. BIRTHPLACE					Accident, suicide, or homicide? Oate of injury	, 19
		country)		Georgia		Where did injury occur?(Specify city or town, county and State))
17.	. INFORMANTD (Address)	eces	sed on	admissi	on	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18	BURIAL, CREMAT					Manner of injury	
	PlaceU	nkno	awo	un	known ₁₉	Nature el Injury	
19	. UNOERTAKER		M.L.CHe Thurmon	ager		24. Was disease or injury in any way related to occupation of deceased?	_
-	(Address)	1-5	Thurmon	topMd.		If so, specify	
20	FILEO 976	13.1.	19			(Signed) All: Saul Alli	M. D.
	1 1	V	. /		Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(R3)
County of redured	Registration Dist. No. 145
/ Village or City Musersulle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera daath occurred 22 yrs,mos	ds. How long in U. S. if of foraign birth?yrsmosds,
2. FULL NAME Serme U. House	If U. S. Voloran, specify WAR.
(a) Residence: No.	St, Outsell
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
Jesuste White married.	(Month) (Day) (Maar)
5a. 11 marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Clayton E. Houpt.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Manch. 19.1873	I last saw h. alive on A 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the flated supply above all lam.
64 3 8 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trada profession or particular	There was no boat involved a Coulon Date of onset
kind of work dona, as SPINNER, Documente	STUDIES AND SELECTION OF THE SECOND S
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decaased last worked at 11. Total time (yaars)	accidental anouning 6-27-
SAW MILL, BANK, etc.	Deceased slipped off of footblog. Became hys.
O this occupation (month and spent in this A.	terical, and could not help herself
yaar)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mylraville	No external injuries. Water was only about
(Stata or country) Fred. 0 Co-md	those or four feet deep.
13. NAME TO THE MOSES	
14. BIRTHPLACE (city of Jown)	Name of operation
(State of country) Third. O. M.A.	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Myersulls	Accidant suicide, or homicide? Accessing Date of Injury 6-271937
(State or country) Fred. Co. md.	Whare did Injury occur? West & Muferwill. Mid. (Specify of or town, county and State)
17. INFORMANT C Varion E. Houst-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Mulroully Md.	near hour
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Demolino Md: Date Me Ja. 1937	Nature of Injury
19, UNDERTAKER UM 3. But 45 pm	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Boouston Ma.	If so, specify Sleves Harp
20. FILED June 2.9. 1937, William & Wachtel	(Signed) M. D.
Registrar.	(Addrass) Muddletaun)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	xample I	li li	Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	ath and related causes ows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1111 9 103	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	000	July 5,1927	Peritonitis	3 days ago	
	BURBALL V. S				
	The state of the state of the state of				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1000	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	3
county Fraderick	Registration Dist. No. 130
Village or City Leme Kilm	ND. St., Ware (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredOyrs@	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Balux, Gil Alex	vell If U. S. Veteran, specify WAR Trone
7 11.7 41 0	St. Ward.
(a) Residence: No. Author (Usual place of bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)) June 25 193 7
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) Wife of	22. I HEREBY CERTIFY, Thet I ettended deceased fro
6. DATE OF BIRTH (month, day, and year) Scene 25. 193	7 lest saw h elive on, 19; deeth is sa
7. AGE Years Months Days If LESS the	
6 6 0 1 dey,	THE PRINCIPAL CROSE OF DEATH and releted causes of importance
9 Trade profession or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Stillbarn flag 6 mos.
9. Industry or business In which	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) many and	
13. NAME Slouge Castle	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diegnosis?Was there an eutopsy?
15. MAIDEN NAME Catherine Terrel 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where dld injury occur?
17. INFORMANT My. Hegge Castle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION BRAREMOVAL 4	Manner of Injury
Place he Clevet Cem. Date 6/25/37,19	Neture of injury
and Pto V	
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceesed?
(Addiess) Fuellier, ma	t If so, specify Charles Y. Oxlles
20, FILED Dane 25, 1931 Jan Huller	(Signed) Claude M. M. (Address) Parabelenther

N. B.—WRITE PLA

PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

.D. Every item of infor-

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Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6638
1. PLACE OF DEATH	(935)
County Fredericks (Ox	Registration Dist. No. 131
Village of Gity Monteval Energ	exposed Paspelal St., Ward
Length of residence In city or town where death occurred srs	death occurred in a hospital or instruction, give its NAME instead of street and number) ds. How long in U. S. of foreign birth?
6 10 0 0	M
(a) Residence: No. 322 Klane hart all	ust. Ward. Ward.
(d) residence. No. (digual place of abode)	rick med. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (price the word) Single (Single)	21. DATE OF DEATH 25 , 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet i attended deceased from
10-10 36 1902	June 24, 19.37, 10 June 25, 19.37
7. AGE Yeers Months Devs If LESS than	lias saw him alive on fusel 3 , 19 J Z; death is said
7. AGE Yeers Months Deys If LESS than I day,	to have occurred on the dete steted ebove, at \$\frac{1}{2} \cdot m. The PRINCIPAL CAUSE OF DEATH end related causes of importance
To T	were as follows: Osts of onset
A Trade, profession, or particular kind of work done, as SPINNER,	(27 /2 /2
SAWYER, BOOKKEEPER, etc	hendo myseardation may 20
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Pate deceased last worked at this occupation (month and	
year) Occupation occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Frederick Co.	Other Conditionary Cases of Importance.
(State or country) mary land.	
13. NAME Edward Johnson.	
13. NAME Edward Johnson. 14. BIRTHPLACE (city or town). Washington	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Catherine Randy 16. BIRTHPLACE (city or town). Fre Levisho Co.	3. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Frederick Co.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland.	Where did injury occur? (Specily city or town, county and State)
17. INFORMANT Crangeline Rice (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, ONESTELLION, OR REMOVER Fairviely Commeter	Manner of injury
Place Frederick modate 6/28, 1937	Nature of injury
19. UNDERTAKER M. R. Ctchison & Son	24. Was disease or injury in eny way related to occupation of deceased? 220
(Address) Frederich, ma.	If so, specify
20, FILED Ile June 1937 Ira M-Cudy	(Signed) A Lace M. D.
Registrar.	(Address) Janualer L. ml

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F C F V F D	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage III 8 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of inforof OCCUPA.

Exact-statement AGE should be stated EXACTLY UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH			92	14.4
	County Frederick			Registration Dist. No. 13	/
	Village or City Jefferson	n		NDSt.,	Ward
	Length of residence in city or town where d	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution in a hospital or institution in the contraction of t	
	FULL NAME Mrs.		Celler	If U. S. Veteran, specify WAR NONE	
	(a) Residence: No. Jeffers			St., Ward. Jefferson, Md. If nonresident give city or town and	State
a.retaco	PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLDR DR RACE Female White	5. SINGLE, MARR DR DIVDRCED Marrie	(write the word)	21. DATE OF DEATH June 30th (Month) (Day)	, 193 7 (Year)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of Lemuel J	. Keller	•	22. I HEREBY CERTURY. That I attended May 3 1937 to use 3 d	deceased from
	DATE OF BIRTH (month, day, and year) AGE Years Months	February Days	if LESS than	i last saw h. ar. alive on	_; death is said
Z	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	16	1 day,hrs.	The PRINCIPAL CAUSE DF DEATH and related causes of importance were as follows: Commany Occurrence infant	Data of onset
OCCUPATION	3 Industry or business in which	Housewif At Home	<u>.e</u>	acute my o candral fuline	430/3
000	1D. Date deceased last worked at this occupation (month and year)	11. Total tin spent	ne (years) t in this 40 pation 40		
12.	BIRTHPLACE (city or town) (State or country) Maryl	and		Dther Contributary Causes of importance: 7 by pulenous Arture 5 cluque grounded	1932
ER	13. NAME Emanuel Hine			Premary Folucitains	1934
FATHER	14. BIRTHPLACE (city or town) (State or country) Mar	vland		Name of operation Dete of What test confirmed diegnosis? Clause Was there an	eutopsy? 20
IER	15. MAIDEN NAME Mary C.	Green		23. If deeth wes due to externel causes (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town)	yland		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
	INFORMANT Nr. Lennuel (Address) Jefferson.	Md.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18	BURIAL, CREMANNIA, OR MOVAL Jef	ferson,	Id. 2/37., 19	Manner of injury	
19	. UNDERTAKER M.R.F.; chis (Address) Frederick, M	on & Sor)	24. Wes disease or injury in any way related to occupation of deceased?	ns
20	FILED (July 1927, Ir	af Mi	Gudy Registral	(Signed) Control of Succession (Address) Sufferson may	M. D.
	If more	blanks are needed, ac	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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imple I		Example II	
and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
va 9 1027	1915	Attack of epilepsy	1 week ago
30F 0 1901	1921	Run over by street car	1 week ago
TREAU V. S.	July 5,1927	Peritonitis	3 days ago
f importance:		Other contributory causes of importance:	
		rand related chuses of onset vs. 1915 1921 1921 1945,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis

FOR BINDING

1. PLACE OF DEATH	(M. 70)
County Tredericle	Registration Dist. No. 131
Village or City Le Leuch	No. The devices Site Hoseitsk Ward Ward If death occurred in a hospital or insult base give its NAME instead of street and number)
	osds How long in U.S. if of for a hirth?yrsmosds
2. FULL NAME Showas Vincent Wol	llo more ran
(a) Residence: No. Show (Usual place of abode)	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Vedr)
5a. H married, widowed, or divorced HUSBAND of	1
(or) WIFE-or Wartha Brown	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 19 1865	last saw h. Im alive on June 10 1937 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 91510Pm.
72 9 23 1day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
A Trade profession or particular	Were as follows:
kind of work done, as SPINNER, Awyer, BOOKKEEPER, etc.	(signiona)
8. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Nadustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and seems in this	Tules line (colon)
this occupation (month and spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	to tale to the total of the tot
E 13. NAME Lames Kull	- moraning or mining
F	Name of second s
14. BIRTHPLACE (city or town) (State or country) Wassland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIOEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Wayland	Where did injury occur?
17 INFORMANT Cuanul & Kills	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Mulliman mal	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St. William Date 1 July 19.5.	A Nature of injury
19. UNOERTAKER Willide - Charu	24. Was disease or Injury in any wey related to occupation of deceased?
(Address) Thurmy ned.	If so, specify
20 FILEOU USE 1987 Dea VILE Cue du	(Signed) Chouds
Registrar.	(Address) hierali un

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
7915		
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
	y5,1927	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY	Y PHYS.	ICIAN
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5 A I E OF MARYLAND—	CERTIFICATE OF DEATH
b	(13-2)
P	Registration Dist. N
Village or City. The State of City.	ND. If death occurred in a hospital or institution, give its NAME instead
Length of residence in city or town where deeth occurred	s2gds. How long in U.S. if of foreign birth?y
2. FULL NAME Mindereld Scoth Land	If U. S. Veteran, specify WAR
(a) Residence: No. Land Javal place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Make Helet OR DIVORCED (write the word)	6 2
5a. If merried, widowed, or divorced	(Month)
HUSBAND OF Cor WIFE OF Lelia Gardenous Lond	22. I HEREBY CERTIFY, The
3	10,193_0, to 6
6. DATE OF BIRTH (month, dey, and year) \$\\ \frac{17 - 186}{1} \\ 7. AGE Years Months Deys If LESS than	I last saw handle alive on to have a third of the have a third of
4~ 8 1day,hrs.	to have occurred on the dete steted above, at 7.3 A m The PRINCIPAL CAUSE OF DEATH and releted causes of im
8. Trade, profession, or particular	were estations: Transchusion
kind of work done, es SPINNER,	(a) our ingo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation description)	
to Biother Add City and the State of the Sta	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	-
II 13. NAME Golm Yout	
14. BIRTHPLACE (tity or town) 2nd	Name of operation
(State of Country)	What test confirmed diagnosist the work of the work
15. MAIDEN NAME of sale Butermany	23. If death was due to externel causes (VIOL ENCE) fill in also
16. BIRTHPLACE (city or town) 2224	Accident, suicide, or homicide? Date of i
(State or country)	Where did injury occur?
17. INFORMANT MAS Lelice Yang	(Specify city or town, or Specify whether Injury occurred in INDUSTRY, in HDME, or i
(Address) Lange 1060	
Placel LB. Carneterything & Date June 25, 1937	Manner of injury
11 1000 1 010	Neture of injury
19. UNDERTAKER Spelltunday & Energy	24. Was disease or injury in any way related to occupation of
6/22 22 /28 88: 01 /	If so, specify (Signed Holland C
20. FILED /27 , 1937 6.6. Drields	10 10 17

(93-2)
Registration Dist. No. 139
NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long in U.S. if of foreign birth?mosds.
If U. S. Veteran, specify WAR 710
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) 70av) , 193.7. (Yeer)
(Month) (Day) (Yeer)
22. I HEREBY CERTIFY, Thet I ettended deceased from
I HEREBY CERTIFY, Thet I ettended deceased from 1 10 1930, to 6 26 1937 I last saw hand alive on 6 26 1937; death is seit
I last saw have alive on 6-26, 193-7; death is seid
to have occurred on the dete steted above, at 12.2 a.m.
The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were exponows:
O Granic Myocordita Date of onest
Other Contributory Causes of importance:
Name of operation A Subgrate of
What test confirmed diagnosist Deprendian Was there en eutopsy? VIII
23. If death was due to externel causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide?Date of injury
Where did injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
Manner of injury
Neture of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) To a grand M. D.
(Add Alee Destal Munny)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. A.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 501 6 1937	1921	Run over by street car	1 week ago
Cereoral nemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		l	Example II	
The principal cause of do of importance were as for	leath and related caus	es D	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVI	ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti		INDS FRANCE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 193	$\frac{7}{2}$ J	uli, 5,1927	Peritonitis	3 days ago
	BUREAU V.	S			
Other contributory cause	es of importance:		-71	Other contributory causes of importance:	
Gallstones		M	lay 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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ľ)	ŧ.	1	4			<
-	-	1	1	- 2	6	۲.,	/

1. PLACE OF DEATH	92-20
County Frederick	Registration Dist. No. 144
Village or City Laus	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
10 70	Tion rough to to the following billing and the first the first to the
2. FULL NAME John Killiam Lay	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE Married, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH func 8" , 193 7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of alice & Merona Lay	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quy 16-1866	Nast saw h alive on by 7, 19 27; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
70 9 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dite of onest 6/8/87
9. Industry or business in which work was done, as SILK MILL,	Chronic Oudocardles 1928
SAW MILL, BANK, etc Corney Creation (years)	Ohrowie arterial Scherous
Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation corrupation	
12. BIRTHPLACE (city or town) Lays Maryland (State or country)	Other Contributory Causes of importance:
E 9/1	
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Assure Harry 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mis Celice & Lay (Address) Lays	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ld B. Corneley of humand Dated 10 1997	Nature of injury
19. UNDERTAKER Millhidg & Breeger (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 1937 Arma M. Jouls Registras.	(Signed) States habitly M.D. (Address) Jeanne M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY PHYSICIAN
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infor- state UPA-		CERTIFICATE OF DEATH 6644
of i	County Syed	Registration Dist. No. 14/
y iten S sh t of	Length of residence in city or town where death occurred	NoSt.,Ward F death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
HYSIC State	2. FULL NAME Jam Franklin Mag of (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THE ZI	3. SEX 4. COLOG OR RACE Note S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
AN C C Sife	5a. If married, widowed, op livoured HUSBAND of Corp. WIFE	22. I HEREBY CERTIFY That I attended deceased from
BINI PERM. E X A ly clas	6. DATE OF BIRTH (month, day, and year) Qct. 8 - 1866- 7. AGE Yeers Months Days If LESS than	liast saw h
FOR B. IS A PE stated E properly certificate	6\82\6\1day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
- 00	8. Trade, profession, or particular kind of work done, as SPINNER, Reliant Farmer SAWYER, BOOKKEEPER, etc.	Chrone My caratis 1986 Chome Marsuris 1985
RESERVED G INK—THII GE should be that it may be ins on back of	S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Symaly de dema 6/17/37
RESE G INK GE sh hat it ns on	10. Date deceased last worked at this occupation (month and year)	129-33
DIN So Istio	12. BIRTHPLACE (city or town) Virginia (State or country)	Other Contributory Canees of Importance: The pulling face of Emortale 1935
MARGI UNFA supplied a terms,	13. NAME WM Majoha	Olevarty & Sembery
MA I U Illy sup plain te	14. BIRTHPLACE (city or town) / (State or country)	Name of operation Date of What test confirmed diagnosis?
refu W	15. MAIDEN NAME Sprik Richel 16. BIRTHPLACE (city or town).	23. if deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
T S D D O O	16, BIRTHPLACE (city or town) (State or country)	Where did injury occur?
A B C v	17. INFORMANT Proble Mayaka (Address) How will mel	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PI hou OF	18 BURIAL CREMATION OR REMOVAL	

V. S. No. 1

N. B. WRITE PLAI
mation should
CAUSE OF DI
TION is very i

arnoldstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

egistrar.

if so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E CONTRACTOR DE LA CONT	Example I	H	Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	.mi 2 1997	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 2 1997	July 5, 1927	Peritonitis	3 days ago
	BUNEAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

County Fred Village or City				
			5	No. Mt. Pleasant W. St., W f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME				
(a) Residence: No	381 Da .	asant	1	If U. S. Veteran, specify WAR None St., Ward.
(a) Residence: No	(Sue 1.12	(Usual place		If nonresident give city or town and State
PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	or or race ite		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 25, 193 7 (Month) (Day) (Year
5a. If marriad, widowad, or of HUSBAND of (or) WIFE of Dr	vorcad William	Mercer		22. I HEREBY CERTIFY. Thet i attended deceased of the state of the sta
6. DATE OF BIRTII (month,	av. and vear) Ju	ne 15,	1855	liast saw h. er aliva on May 2 P , 19.57; danth is
7. AGE Years	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the data steted above, at 2.2.2.0 m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trada, profession, o kind of work do SAWYER, BOOK 9. Industry or busines work was done, SAW MILL, BAN	particular a, as SPINNER, EEPER, etc in which s SILK MILL,	lousewif	e	Clusure my condites 193
10. Data daceased last this occupetion (year)	orkad at 192	11. Total	time (years) 50 ent in this supation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or to (State or country)) Maryla	nd		Other Continues Canada of Importance.
13. NAME John				
13. NAME JOHN 14. BIRTHPLACE (city of (State or country)	town)	land		Neme of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 11. 16. BIRTHPLACE (city of (State or country)	town) Mary	regu	er	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Mrs. (Address) Mt	Mary E.	Stevens		Whare did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, C	REMOVAL		e 27, ₁₉ 37	Manner of Injury
19. UNDERTAKER (Address) 下で	R. Etchi derick,	son & S	Son	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED 26 June	1937 2	af. W	1- Sundy	(Signed) (Address) Pracees and

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	10	Example II			
The principal cause of death and related causes of importance were as follows: EIVED	- 1	of importance were as follows:			
	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1111 6 1937	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
and the second s					

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTL properly classified.

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FOR BINDING

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	Trederich,			
		R III . II	Registration Dist, No	4
Length of resi	ity near Bur	penavila	No. St.,	Wa
	dence in city or town whara		Bds. How long in U.S. if of foreign birth?yrs	
2. FULL NA	ME Robert	- O merrin	If U. S. Veteran, specify WAR	
	ce: No.		St Ward.	
(-) 11001011		(Usual place of abode)	If nonresident give city or town an	id State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIEO, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH	7
male	White	manuel	(Month) (Day)	, 193 (Year)
5a. If merried, widow HUSBAND of	ed, or divorcad		22. I HEREBY CERTIFY. That I attended	
(or) WIFE of		imono	22. I HEREBY CERTIFY, That I attanded	1 Gacaasad 1
6 OATE OF BIDTH	month, day, end year)	651 1881	i last saw huy alive on 1937	; death is
7. AGE Yea		Oays If LESS than	to have occurred on the date states abova, at	, death is
5.	5 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ Ing. Trade, profes	sion, or particular ork dona, as SPINNER,	ormin.	ware as follows:	Oate ol o
kind of v SAWYER, 9. Industry or work was SAW MIL 10. Date daceas:	ork dona, as SPINNER, BOOKKEEPER, etc	mployee	Depletes	
9. Industry or	business in which dona, as SILK MILL, BANK, etc	40 88		
SAW MIL	L, BANK, etc.	5 11 Table (1111)		
this occu	pation (month end	25 11. Total tima (years) spent in this occupation		
7001/	1991	Occupation	Other Coutributary Causes of importance:	
12. BIRTHPLACE (cit		7-1/	-	
1	h ha			
13. NAME	Junge 114	niman		
14. BIRTHPLACE		1-6	Name of operation Date of_	
	0111 0	20-8-	What tast confirmed diagnosis? Wes there an	
15. MAIDEN NA	ME MILLE !!	inne	23. If death was dua to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE		2d	Accidant, suicida, or homicide? Oate of injury	, 19
2	1.15	Land	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT (Address)	so nomera &	inovan 1	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMAT	iON, OR REMOVAL	With min	Manner of injury	
Piace A	100 h	Date June 9 1937	- Nature of injury	
	2 11 Links	C		
19. UNDERTAKER (Address)	Brunnie	h.	24. Was disease or injury in any way-related to occupation of deceased? If so, spacify	
20. FILED Acres	. /	11 0 14 801	(Signad) A Epu	6
	Z 10 0/ West	H. J. MUT	(0.000)	

V. S. No. 1

B.—WRITE

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100	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
1921	Kun over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		X
		1.5
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	bate of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Frederick mary	auch 10. T. A. Registration Dist. No. 131
Village or City Montevuse	No. St. Ward
0	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MASS Coral Mill	(1) If U. S. Veteran, specify WAR.
(a) Residence: No. Ladieshurg Wd	st, Ward Ladies brug M. a.
The Ala Co (Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (with the word)	L. DATE OF DEATH June 14 102 7
denale while &	(Month) (Day) (Year)
/5a. If merried, widowed, or divorced NUSEANO-6h (or) WIFE of	22. / HEREBY CERTIFY, That attended deceased from
on which see, F. Madel	Dept. 5 ,1935, 10 July 14 ,1977
6. DATE OF BIRTH (month, day, end year)	I lest sew here elive on Jest 13, 1937; deeth is said
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated above, at 2:304 m.
65 5 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows: Date of onset
8. Trede, profession, or perticuler kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Chrone myocaditio 1935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month and	
10. Date decessed lest worked et 11, Total time (yeers)	
O this occupation (month and spent in this occupation occupation	
Que , land	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	P-116 116 1935
13. NAME Learge & miller	Visigue in my surject to
E lace	Name of according
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME MAL BASEL Bushow	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
E Dend	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Minandia fational anno
may Para Bassil	(Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Ment from Yarry good 105/	Neture of injury
19. UNDERTAKER OF TRUSK of Sen	24. Wes disease or injury In any wey releted to occupetion of deceased?
(Address) Janusham ma	If so, specify
20. FILED I H June 1937 O Dur J. Mc Sundy	(Signed) DOTTON M. D.
Registrar	(Address) Fuskenel md

N. B. WRITE PLA

PHYSICIANS should state D. Every item of infor-

AGE should be stated EXACTLY

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER.	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLA

V. S. No. 1

mation should be calcium, supplied. Acts should be stated to Act to the little of the state	ent of OCCUPA	
PICTURE	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
TOUGHT	rly classified.	cate.
id he state	ay be prope	ck of certific
TOTE SHOW	so that it ma	ctions on ba
ing supplied.	plain terms,	. See instru
onia ne carere	F DEATH in	TION is very important. See instructions on back of certificate.
mation su	CAUSE	r si NOIT

1. PLACE OF DEA		,	VLAND-	CERTIFICATE OF DEATH 6648
County Frede		1, 0-0	tack +	Registration Dist. No. 13./
Village or City_F1		<u> </u>		NoFrederick City Hosnital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
				sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME				
(a) Residence: No	R.F.			
PERSONAL AN	DETATION	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	R OR RACE	5. SINGLE, MARI		21. DATE OF DEATH
Male Wh	ite		(write the word)	June 8th, 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divo	rced	- Brief		22. I HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Car	rier O'	Hara		December 31, 19 36 to June 8, 19 37
6. DATE OF BIRTH (month, da	v. and vear) Ma	rch 28.	1861	I last saw h im aliva on June 8, 19.37; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 5:45Pm.
76	2	10	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca wara as follows:
R. Trada, profession, or packind of work dona, SAWYER, BOOKKEE	articular as SPINNER, PER etc	Farmer		Pericarditis (chronic) Long standin
kind of work dona, SAWYER, BOOKKEE Industry or business in work was dona, as: SAW MILL, BANK, DO Data decassed last woo	which	T (200	T)	5 Volta 2 L
SAW MILL, BANK,				
Data dacaasad last word this occupation (mo	nth and Dog	36 11. Total ti	ma (yaars) It in this 40	
7417		0000	pation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	Maryl	and		Arteriosclerosis Long
	n Mille			Fistula in ano (infectious) standing (also of long standing)
I		d.		
(Stata or country)	wn)Mar	vland		Name of operation None Date of
	ffie Sh			What test confirmed diagnosis? Was there an autopsy? NO
王		.0025		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or to		land		Where did Injury occur?
17. INFORMANT Mrs. (Address) R. F.				(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR I	EMOVAL MT.	Olivet	Cem.	Manner of Injury
M R	Etchi	son & So	on	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No
20. FILED. 9. July	1937 Di	a J. Me	Gudy Registral.	(Signed) (Signed) M.D. (Address) Frederick, Mayland
	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: \(\mathbb{E}\) \(\mathbb{D}\)	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis & 1937	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			/6
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

V. S. No. 1

Z

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. __Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residance in city or town where death occurred _mos.___ds. How long in U.S. if of foreign birth?______yrs.____mos.____ds. If U. S. Veteran, specify WAR___ (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) widowe (Month) (Day) 5a. if married, widowed, or divorced HUSBAND of CERTIFM. That I attended deceased from 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months Days II LESS than 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importence or min. Date of onset Trade, profession, or particular kind of work done, es SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yaars) this occupation (month end spent in this occupation ._ Other Contributory Couses of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_. (State or country) What test confirmed diegnosis lucal MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of injury______ 19_ (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury. 24. Was disease or injury in any wey releted to occupation of deceesed?__ 19. UNDERTAKER (Address) II so, specify If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUL 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	Parameter 2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1115 32	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

V. S. No. 1

should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	U	J	1	9	6	7	1	1

/1. PLA	ACE OF DEA	ATH			(23		0000
CDI	unty	Frederi	ck,			Registration Dist. No. 1	39
		State S		(H	death occurred in a hospital or instituti		nd number)
2 FIII	LL NAME	Franc	es I Pa	rke	If U. S. Veteran, s	necify WAR	. Co
	Residence: No.		ourg, Ro		St., Rosedale,	Maryland	and State
PE	ERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEATH	1
3. SEX Fen	nale 4. com	OR OR RACE White	5. SINGLE, MARI OR DIVORCED Sing	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	une 1 (Month) (Day)	, 193 <u>7</u> (Yeer)
HUSB	iad, widowad, or di IAND of MIFE of	vorced				CERTIFY, That I attend	
	F BIRTH (month, c		Nov. 30		I last saw h.G.T alive on	une 1 ,193	7_; death is seid
7. AGE	Years 17	Months 6	Days 2	If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATI ware as follows:		Date of onset
CUPATION	ade, profassion, or kind of work don SAWYER, BDDKK dustry or businass work was done, a SAW MILL, BANP ate daceased last y	e, as SPINNER, EEPER, etc in which sSILK MILL, i, etc	Studen	ime (years)	Tuberculous M	eningitis	May 1937
	this occupation (n	rep. 193	57 spar	nt in this Yrs.	Dthar Contributory Causes of Impor	tance:	
(St	PLACE (city or tow tate or country)		Marylan	d.	Pulmonary Tub	erculosis	
13. NA 14. BII		George town)	Parks. Marylan	d		Pos Sputure t. X—Ray Was there	
E	RTHPLACE (city or (State or country	town)	marylan	d.		ses (VIOLENCE) fill in also the follo	
17. INFORMANT Frances I Parks. (Addrass) Rosedale. Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL Place Cambridge, Md. Daja Unknown, 19					Manner of injury		
	RTAKER ddrass)	M.L.Gre Thurmor	117-11		24. Was disaase or injury In any wa	y ralated to occupation of decaasad?	no

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUL 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nept	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE (OF I	MARYL	AND-	CERTIFI	CAT	E	OF	DEATH	
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6651

1. PLACE OF DEATH	(82-0)
County Frederick	Registration Dist. No. 145
Village or City near Myersville, MId	No. Outside St., Ward
Length of residence in city or town where death occurred 69 vrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
El MP	M 1
2. FULL NAME Elmer 11. Voften	berger If U. S. Veteran, specify WAR Move
(a) Residence: No. // yers ville, //	St., Ward: If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HIFE of Tda Poffenberger	1 HEREBY CERTIFY. That I attended deceased from May 20, 1937, to May 30, 1937
6. DATE OF BIRTH (month, dey, end year) Jan 20, 1868	I last saw h My falive on May 3-0, 19-3-7; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et _1.30 Pm.
69 4 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade arctanic or activate	Mere as rollows. Date of onset
NO KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, etc January	A. Mean
Industry or business in which work was done, as SILK MILL,	Cerebial Necurringe
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	() 193
this occupation (month and 1933 spent in this occupation 45	/
12. BIRTHPLACE (city or town) Frederick County	Other Contributory Causes of Importance:
(State or country) mean my would, Md	Questin-Schon-ses.
13. NAME Henry Pottenberger	
14. BIRTHPLACE (city or town) Frederick County	Name of operation 2002 Date of
(State of country) / 17 ar grand	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Brandenburg 16. BIRTHPLACE (city or town) Frederick Courts	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Raid D. Pline	Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) // yersville // /	11.500
18. BURIAL, CREMATION, OR REMOVAL LES Meeting House Place Mr. Myers cille Date June 4 1937	Manner of injury
la Hara	Natúre of injury
19. UNDERTAKER Sladbull Con Mid	24. Was disease or injury In eny way related to occupation of deceased?
O Min Min 12 March + O	(Signed) Slaves Harb M. D.
20. FILED WALL 4 , 192 / WILLIAM () 'N ALMALL Registrar.	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsu 1 week ago Chronic interstitial nephritis. 1921 Run over by street cor 1 week ago Cercbral hemorrhoge July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: S. Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	infor	state	UPA.
M	of	pli	2
(A)	item	shor	o jo
	Every	MAINS	ment
	EC. CD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA.

K properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. P	LACE OF DE	ATH			82-0
/	County Fred	erick			Registration Dist. No. 131
	Village-or City	Frederic	ck	/10	No. 4996. Ward death occurred in a hospital or institution give its NAME instead of street and number)
	Length of residence in	n city of town where d	eath occurred		ds. How long in U.S. if of foreign birth?mosds.
2. F	ULL NAME	Clayton	Ross Ra	msburg	If U. S. Veteran, specify WAR NONE
			Swchul	Rch Stree	t_St,Ward.
-	PERSONAL A	ND STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX		LOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH
Ma	le l	White		ncea	James 23rd 193 7 (Month) (Day) (Yeer)
H	narried, widowed, or o	livorced			22. HEREBY CERTIFY. That I attanded daceased from
(0	r) WIFE of	Bessie	Kolb		June 22, 1937, 10 June 23, 1937
. DAT	E OF BIRTH (month,	day, and year)	February	7 15.1879	
. AGE	Yeers	Months	Days	If LESS than 1 dayhrs.	to have occurred on the date stated above, at _9:15Pm. M.
1	58	4	8	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
18	. Trada, profession, o kind of work do	ne, as SPINNER,	Truck I	Tarm	Park al tota not no house
3	Industry or busines	KEEPER, etcs in which		The state of the s	thereas fellings y
100	The state of the s	K, etc			(7
3/10	. Date deceased last this occupation (month and c/z	ry sper	ma (yaars) It in this 30	- 1
-	year)		.1	pation	Other Contributory Causes of Importance:
2. BIF	THPLACE (city or too (Stata or country)		rvland		The Teno Scleros
13	NAME (TE	orge F.		g	
	. BIRTHPLACE (city o				Nama of operation) world Date of
	(State or countr	7 8	yland		What test confirmed diegnosis? Wes there en eutopsy?
15	. MAIDEN NAME	Mary Ho	lland		23. If death was due to external causes (VIOLENCE) fill in also the following:
15	BIRTHPLACE (city of	or town)	ryland		Accident, suicide, or homicide? Date of Injury, 19
- 1					Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INI	(Address)	orge L. cederick.	Marylan	đ	Specify whether injury occurred in insposition, in nome, or in robelly rende.
8. BU	RIAL, CREMATION, C	R REMOVAL			Manner of injury
	Plece Greage	erstown C	@10hte 6/	26/37,19	- Nature of Injury
19. UN	DERTAKER	M.R.Etch	ison &	Son	24. Was diseasa or injury In any way releted to occupation of deceased?
	(Address)	Frederic	k Md.	0	If so, specily
20. FII	ED 26 June	, 1937 Inc	- M. M-	Registrer.	(Signad) (Addrass) M. C. Assach

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

or mior	ld state	CCUPA	
nem	shou	o Jo	
WRITE FLAMELY, WITH UNITADING INA-THIS IS A FEMALACKY. EVERY HER OF MICE.	SICIANS	tatement	
1000	Y. PHY	Exact s	
ALICA LALIA ESTA	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IN A LEI	stated E	properly	TION is very important. See instructions on back of certificate.
CIT	be	pe	Jo
I-VII	Should S	t it may	on back
DINC	AGE.	so that	ctions
ですべつ	supplied.	terms,	e instru
WITTH	efully s	in plain	ant. Se
INTI,	be car	EATH	importa
E FLA	should	OF D	S very
-WIGIT	hation	CAUSE	TION i

1 DI A	CE OF DEA		F MARY	/LAND-	CERTIFICATE OF DEATH	6653
		Frederi	als		Registration Dist. No. 1	70
Villa	age or City		Sanatori	um, Md	No. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward number)
	L NAME Residence: No		aret S	St.	If U. S. Veteran, specify WAR. St., Ward. Baltimore, Maryla If nonresident give city or town	nd
PE	RSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fe male White Married			OR DIVORCED	(write the word)	21. DATE OF DEATH June 7 (Month) (Day)	, 193.7 (Year)
HUSBA	ed, widowed, or div AND of IFE of		ert M.	Ri ely	22. I HEREBY CERTIFY, That lattend	
6. DATE OF	F BIRTH (month, d	ev. and vear)	Mar. 13	1908	l last saw h er elive on June 7 19	3.7.; death Is said
7. AGE	Years 29	Months 2	Days 24	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 10.00 Pm. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEVISE. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (maps) and the second in this country of the second in			lousewif		Pulmonary Tuberculosis	Jan*
10. Dat	to deceased last withis occupation (my	ankad at	11. Total tir spen occur	me (years) t in this 8Yrs pation	Other Contributory Causes of importance:	
	LACE (city or town)	34	a		
1	ME	George	Marylan O. Mood		Tuberculous Laryngitis,	
13. NA 14. BIR	CTHPLACE (city or (State or country)	town)	Marylan	d (Neme of operation	
15. MAIDEN NAME Althea Kirwan. 16. BIRTHPLACE (city or town). (State or country) Maryland					23. If death was due to external causes (VIOLENCE) fill in elso the follo Accident, sulcide, or homicide? Date of injury Where did injury occur?	wing:
17. INFORMANT Margaret S. Riely (Address) Baltimore, Md.				e1y	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	
	, cremation, or Balt	REMOVAL	Date Unk	nown, 19	Manner of injury	
(Ad		Albert I Baltimor			24. Was disease or injury in any way related to occupation of deceased: If so, specify	no

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Registrar.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. 'Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		By My The	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		\ A \ \	
			<u> </u>

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6654
County I C	3
	Registration Dist. No. 135
(1	// No. St., Ward reach occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillborn R	owe
(a) Residence: No.	St.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	8 19337
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of The	22. 1 HEREBY CERTIFY, That I attended deceased from
9 5 15	, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays If LESS than	I last saw h alive on, 19; death is said
1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. frade, profession, or particular	were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (south and this pocupation (south	1
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.	T. Illian
SAW MILL, BANK, etc.	
Shauffu fills	
11.00 '00	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
T TO TOTAL	
14. BIRTHPLACE (city or town) (State or country)	Name of operationOate of
15. MAIOEN NAME 244 1 24 F.C.	What test confirmed diegnosis? Wes there an autopsy?
15. MAIOEN NAME Wand has Folty 16. BIRTHPLACE (city or town) And the Construction of t	23. If death was due to external causes (VIOLENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Fathe	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	PERSON MINER OF THE PERSON WITH THE PERSON PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNOERTAKER F. C. (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO June 9., 1937 Charles Latherma Registrar.	(Signed) Sichal I Josh M. D. (Address) Wildletown, 20
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage 11937	Juy5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

N. R WRITE PLANTAY, WIND UNFADING INK - THIS IS A PERMANEN'S COUNT. Every nem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
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ry 18	S	it o		
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KD.	XSI	stat		
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- L	shor	OF	s ve	1
KIT	tion	USE	TION is very important. See instructions on back of certificate.	-
1	mai	CA	TIC	S OF THE PROPERTY OF THE PROPE
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MARGIN RESERVED FOR BINDING

1	L PLACE OF DE	ATH	1 1/1/11		(Web)
	County Frede	erick			Registration Dist. No. 13/
	Village or City I	rederick	ζ		No. Waverly Farms Nr. Fredstk. Md Ward
	Langth of residence in	n city or town where	death accurred :	10	death occurred in a hospital or institution give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?
					If U. S. Veteran, specify WAR None
	(a) Residence: No.	waverry	(Usual place		ISC. Ward. If nonresident give city or town and State
pilosite	PERSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. CO	LOR OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH
F	Temale Wr	nite	Widov		June 20th, 193.7 (Month) (Day) (Yaar)
5a.	If married, widowed, or d HUSBAND of				22. I HEREBY CERTIAY. That I attanded decassed from
	(or) WIFE of Ni	cholas 0	. Schai	er	1230, to say 201-1937
6.	DATE OF BIRTH (month,	day, and year) Fe	bruary	4. 1862	Cast saw her aliva on her Out, 1935; death is said
	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 10.55 B.
	75	4	16	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and Triated cross of Importance were as follows:
z	8. Trada, profassion, or	COLMINICO	TT		Meuro Sterling , 1230
OCCUPATION	SAWYER, BOOKE	KEEPER, atc	Housewo	DI, K	A NOT
UPA	work was dona, a	as SILK MILL.	At Home		That & Manager 1735
200	10. Data daceased last	worked at	. 11. Total	tima (years)	19191
_	this occupation (month and 10/	33 sp	entin this 50	Other Coatributory Canesof infoortedca:
12.	. BIRTHPLACE (city or tow	vn)			Other Coarrence Cameror Importance:
_	(Stata or country)	"/ Maryl	and.		1957
FATHER	13. NAME Danie	1 R. Gro	ve		
AT	14. BIRTHPLACE (city of	r town)			Nama of operationData of
-	(State or country		yland		What tast confirmad diagnosis? Was there an autopsy?
HE	15. MAIDEN NAME	ulla nul	Tel,		23. If death was due to external causas (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or (State or country	11/1	Tand		Accident, suicide, or homicide?
					Where did injury occur? (Specify city or town, county and State)
17	INFORMANT NO R			Fred'k Mo	Spacify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18					Manner of injury
	. BURIAL, CREMATION, OF	ick, Ma.	Date6_/	22,11937	Nature of injury
2.0	. UNDERTAKER M. R	40.00			24. Was disaase or injury in any way raiated to occupation of dacaased?
19	(Addrass) Fre	derick,	Marylan	id	If so, specify
20	FILED 22 July	1037 91	0 9. WA	Eludy	(Signad) Hrunh Heary M. D.
20		-, 13-6-6		Registran	(Addrass) Frederick, Navyland

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	90.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

6656

1. PLACE OF DEATH	(95-2)
county Frederick	Registration Dist. No. 132
Village or City Mear Middle town	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
14 (1)	
	If U. S. Veteran, specify WAR
(a) Residence: No. Neav Medaleton. M	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The windower	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Daisy E. Shafer	may , 25 , 1937, to some 28 , 1937
6. DATE OF BIRTH (month, day, and year) une 3. 1863	I last saw have alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data Katad ebove, at 12; 30fm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
7 Ormin.	ware es follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEPER, atc	antingeline
9. Industry or business in which	1935
DI CAMPAGUE BANK A	Me late 1930
10. Date deceased last worked at this occupation (month and pull 193) spent in this year)	Congesting heart for De 6/20/37
12. BIRTHPLACE (city or town) Middle town (State or country) Fredix Co-Md	Other Contributory Causes of Importence: 13. 14. 20. 1920
14. BIRTHPLACE (city or town) Middle town	Name of operation Dete of
(Stata or country)	What test confirmed diagnosis? Chamber P. Wes there an autopsy?
16. BIRTHPLACE (city or town) Margland	23. If daath was dua to external causes (VIOLENCE) fill in elso tha following:
O 16. BIRTHPLACE (city or town) Mary and (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Exmerce Banes (Address) New York Ceity.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Teffers on that Dete June 30, 1937	Nature of injury
19. UNDERTAKER Sladtill Golfforn	24. Was disease or injury In any way related to occupetion of deceesad?
20 FILE RELIE BD 1937 D. Tory D Select	(Signad) Lichael H. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	UL 6 193	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
iten	sh	Jo	
RD. Every	YSICIANS	statement	
ECO	Y. PH	Exact	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
LHIS	d be	y be	k of
MKL	shoul	it ma	n bac
11 5N	AGE	that	o suo
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PL.	shoul	OF	ver
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BW	ma	CA	II
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6657
1. PLACE OF DEATH	With.
County Fre Swife City Habitat	(8) In Con A Registration Dist. No. 131
William or City Lie Deseite The	No Manda Sole Cata Lange Day Word
(If	death occurred in a hospital or institution, ave its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmes	ds. How long in U.S. if of foreign that 7yrsmosds.
2. FULL NAME Dally July Sn	uth If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. Tred. M.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Julio 2 1 102 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	I HEREBY CERTIFY, Thet I ettended deceased from
(VI) III C VI	Jule 201 1937, 10 June 2 1, 1937
6. DATE OF BIRTH (month, day, end yeer) 6 - 21 - 39	lest saw her affect on 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et6_4m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Date of onset
SAWYER, BODKKEEPER, etc.	July 12pm
9 Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Indestry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et	
this occupation (month end spent in this occupation	
Endo'co Dio	Other Contributory Canses of importance:
12. BIRTHPLACE (city or towh) A Clarical (State or country)	
II 13. NAME Hand In to to	
E // Control	200
14. BIRTHPLACE (city or town)	Neme of operation Date of
15. MAIDEN NAME Marse & Babloman	What test confirmed diagnosis?
105 - 17	-23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
11 1 Sa. 8 .H.	(Specify city or town, county and State)
17. INFORMANT Saules M. Sylling (Address W) Marie Marie Bar	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURRAL, ORE STITION, OR REMOVAL	Manner of Injury
Plat fremeable Date June 2/1987	Nature of injury
Leel Cl. t.	24. Was disease or injury In eny way related to occupation of deceased?
19. UNDERTAKER (Address) Secretary (Address) S	If so, specify
21 Aug 27 Dea & McCoul	(Signed) Thrus M. P.
20. FILED 21 June, 1987 Tra J. W. Registrar.	(Address) Dre danch Wed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		i i	Example II	
The principal cause of death and related confirmed importance were as follows:	auses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	40	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1937		July 5, 1927	Peritonitis	3 days ago
MUREAU V. S.				
Other contributory causes of importance:	J		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6658
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 140.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME atrice may Sp	eal
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 , 193 7
5a. It married, widowed, or divorced HUSBANO of (or) WIFE of	(Month) (Oay) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (mostly day and mostly and m	I last saw her alive on 1937; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the tea. m.
O O O I day, 2 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- Dais stones
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	Williamily, - O-mo
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Logore (State or country)	Other Caatributory Causes of importance:
13. NAME VIII Speak 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIOEN NAME Margary Leverna Strene 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
S (State or country) Manyland	Where did injury occur?
17. INFORMANT John N. Stokert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Hogas Sem. Date June 28, 1937	Manner of Injury
19. UNDERTAKER Parish Colbridge (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDLINE 28, 191707, Co Pourle	(Signed) Caland R. Diller M. D.
Registrar.	(Address) N Elouy 220

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy (3 A 1 3	1 week ago
Chronic interstitial nephritis	1921	Run over by street oar	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Coadb. Every	Sxact statement
FOR BINDING	IS A PERMANENT	properly classified. E
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANTY, WEAT UNFADING INK—THIS IS A PERMANENT COMD. Every	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
	WRITE PLANCY, WI	CAUSE OF DEATH in pla
V. S. No. 1	N	

1. PLACE			OF MAR	RYLAND—	CERTIFI	~	OF DE	ATH	6659
/	Frede					(10FE)	Docietratio	n Dist. No. 15	3
Village o	r CityWa	lkersvi	ille	40 yrs mos	No. W	alkers	Ville	St.,	Ward
						v long in U.S. if	of foreign birth?	yrs.	_mosds.
				ney Stauf	fer #	U. S. Veteran	, specify WAR	none	
		Walkers	(Usual plac		St.,			nt give city or town	
		D STATIST	ICAL PART	ICULARS	М	EDICAL C	ERTIFICAT	E OF DEATH	
female		r OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word) W	21. DATE 0	F DEATH	June 1	1 ₉ (Day)	
5a. If married, wid HUSBAND o (or) WIFE of	8	rced . Staui	ffer, S	r.	22.	HEREB		FY. That I attend	
6. DATE OF BIRT	'H (month dev	and year) Al	10. 7.	1853	I lest saw h.C.T.	alive on		1.1	
	Years	Months	Days	If LESS then			ted ebove, at 2.		20-, 0000113 3610
	83	10	4	1 day,hrs. ormln.		CAUSE OF DEA	TH and related ca		Date of onset
8. Ifade, prikind of SAWY	an bushasa la	rticular as SPINNER, PER, etc		fe	o Sen	sility	y Eden	oa acuy	
10. Date dece	was done, es S MILL, BANK, e eesed last wor ccupetion (mor	ked at		time (yeers) ent in this 50 cupation	asi	Turne	lyon	s fillon	7
12. BIRTHPLACE (State or o	(city or town).	Marylaı	nd		Other Contribute	ory Causes of Imp	oortence:		
13. NAME	lane	es_ N	flut	1					
	ACE (city or too or country)	wn) Mu	lutgo	meny Co		on		Dete of	
15. MAIDEN	NAME /	land	woh	ilea	8			fill in elso the follow	
	ACE (city or to	with Mar	Magane	my la		, or homicide?	************	_ Date of Injury	, 19
17. INFORMANT (Address)		kersvi	lle, Md	auffer	Specify whether I	Injury occurred	(Specify city In INDUSTRY, In I	or town, county and S HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREM	t.Oliv		rederi Dete Jun	ck e 14,,1937	Menner of Injury Neture of Injury			************	
19. UNDERTAKER (Address)	M. R. Frec	Etchis	on & So Md	n		r Injury In eny		upetion of deceased?.	
20, FILE	es/	M. 1.	Mardo	tankler Kofstrar.	(Signed)	ress) Wal	hein	ille, Mo	uffant
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Str	eet, Baltimore, K	Requesting U. S. N	lo. 1.	1

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Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 6660
1. PLACE OF DEATH	(47)R)
/ County Frederick Co.	Registration Dist. No. 131
Village or City <u>Mear Frederick</u> , M.	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Myrxle Grace Summer	If U. S. Veteran, specify WAR
(a) Residence: No. Mear Frederick (Yid (Usual place of abode) R. d. K	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH June (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (leat)
(or) WIFE of Edgar NJ. Summers	22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 3, 193
6. DATE OF BIRTH (month, day, end year) July 14, 1896	I last saw h elive on 700 f., 19.3 /death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.2.30 m.
40 10 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	- A
kind of work done, as SPINNER, House wife	lacensona formo
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	[
10. Date deceased last worked et 11. Total time (yeers)	
this occupation (month and Dec. 1936 spent In this occupation 20	
12. BIRTHPLACE (city or town) Mr. Myersville, (State or country) Fredrik Co. Md	Other Contributory Causes of importance:
<u> </u>	70.00 8
14. BIRTHPLACE (city or town) 1/1: Myers ville (State or country)	Name of operation Dete of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
S (State or country)	Accident, suicide, or homicide?
Colate of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Edgar M. Dummers (Address) Frederick (VId. R.D.W.	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Fred'K. Mid	Manner of Injury
Place Memorial Cloister. Date June 9., 1937	Nature of Injury
19. UNDERTAKER Slad hill 60	24. Was dicease or Injury in any way related to occupation of deceased?
20. FILED 9 June 1987 Deal We Sundy	(Signed) M. D. M.
Registrar	(Address) Aredenut bud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Dato of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nonhritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago BUREAU Other contributory causes of importances Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
county I rederech	Outside) Registration Dist. No. 13/
Village or City hr. 3 hedereck, Gud	No. R. J. LOTT St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
0	
2. FULL NAME & dal Surea lall	If U. S. Veteran, specify WAR
(a) Residence: No. 100. Clausi place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Iluale white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Learne F. Taller	22. HEREBY CERT FY, Thet attended deceesed from
	1000, to fee 1 6, 10 37
6. DATE OF BIRTH (month, dey, and yeer) 1. 20, 1857 7. AGE Yeers Months Deys If LESS then	I lest saw have elive on 19.24; death is seld to heve occurred on the dete stated above, at S
80 4 6 Iday,hrs.	to heve occurred on the dete stated above, atm, The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade, profession, or perticular	were as follows: Date of onset
6 SAWYER, BOOKKEEPER, etc. Relived Hacus wy	Chrome Myognadetin 1934
9. Industry or business in which	- and - comments
work wes done, as SILK MILL, Alouse	
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Selective Cu.	
(State or country)	(extend-Scherosia 1730
14. BIRTHPLACE (city or town) Schederich Co.	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Wes there en autopsy Had_
16. BIRTHPLACE (city or town) De Selection	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Fluid Leach (Stete or country)	Accident, suicide, or homicide? Dete of injury, 19
(Stete of Country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Kell. Melliew 1. Jaker (Address) Wallers 14.00 Mag.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Mr. Oliver Cleuf Lupete 6-28, 197	Neture of Injury
19. UNDERTAKER C. E. Clair + Low (Address) Se rederecte, mid	24. Wes disease or injury in any wey releted to occupation of deceesed?
20. FILED 2 le flue, 1987. Ina J. M. Cinhy Registrat	(Signed) Alice 20 M. D. (Address) Teclaenk M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

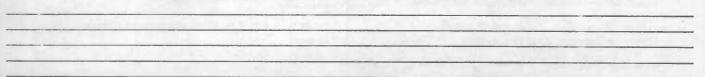
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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	es Date of beset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1918	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	937 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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	Ы	shor	F
.1	-WRITE	mation sh	CATICE OF
V. S. No.	N. B.	I)

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County frederick	Registration Dist. No. 134
	Np. St., Ward death occurredgin a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds.
2. FULL NAME	1/1/4
(a) Residence: No. \$32 Jour Star Hus	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Some Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND ot	22. I HEREBY CERTIFM. That I ettended deceased from
(or) WIFE of Ruth Forry.	me 6 ,1937, to some 6 ,1937
6. DATE OF BIRTH (month, day, and year) Dec 26 1900	Liest saw h aliwe on
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at
36 5 10 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were 35 follows:
18. Trade profession or particular	were as tollows: Date of onset 6, 1937
kind of work done, es SPINNER, AND MANUELS SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this exception (month and this exception	
Store	(This diagnosis seems justified by history
work was done, es SILK MILL, Hamme Turning	from family + witnesses and is
	aftroved her counter
year) gree 5 1987 occupation / O	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Paul B. Phomen -	
13. NAME Park S. M. mem -	Name of operation none Date of
(State or country) Rema	What test confirmed diagnosis Academy Was there en eutopsy? 10
15. MAIDEN NAME amanda Hershay.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME amanda Hershay.	Accident, suicide, or homicide? Dete of injury, 19
S (State or country)	Where did injury occur?
Paul B Thomas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 73 9 Mish St Hamily PG	open, manual mps, each of miles of mile
18. BURIAL, CREMATION, OR BEMOVAL Homor PA	Manner of injury
Place Jack Rosel Clinetis Dete June 9 193/	Neture of Injury
19. UNDERTAKER N. G. Person	24. Was disease or injury in eny way related to occupation of deceased not know
(Address) 205 Challe of Hangy	If so, specify
20. FILED hue le, 19. 3.7 Moto Struff	(Signed) Community The
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 'S 'A (1V38118	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 2001 6 1111	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chemic interestitical monthsitics 1887	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUL 7 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
----------------------------	---------------------------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6664
1/ 1.	(131)
	Registration Dist. No. 132
Village or City MIddletown (II	Marcinol. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Howard R. Tracey	If U. S. Veteran, specify WAR
(a) Residence: No. Middle to was (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Véar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jeb 23, 1857	I last saw h. Lean alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1 3 Am.
00 0 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	chronic Reflectio 1935
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and Dec 1934 spent in this occupation 60	
12. BIRTHPLACE (city or town) Middle to m	Other Centributory Causes of importance:
(State or country) Fredik Co Md 13. NAME John W. Tracey	artekrio Scherosis-
13. NAME John W. Tracey 14. BIRTHPLACE (city or town) Middle town Mid (State or country)	Name of operation Music Date of Was there an autopsy? My
15. MAIDEN NAME Ann Sophia Crone	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ann Sophia Crone 16. BIRTHPLACE (city or town) Middle town Md (State or country)	Accident, suicide, or homicide?
17. INFORMANT Fosfer Boyer (Address) Middletom Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ref. Cam. 141: ddle tom Date June 22, 1937	Manner of injury Morre Nature of injury
19. UNDERTAKER Gladhell Go (Addiess) Maddletown Md	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Jame 201937 D Grayson Same	(Signed) & Elever Harp M. I

(Address) Hick Sty seem If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	_1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 11 8	931		
1 34			
Other contributory causes of importance: EAU		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 247 12

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Data of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example		Example II	+ 1
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks de needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _____

Date of onsat

Date of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhage 300 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 6667
1. PLACE OF DEATH	Wind
County Frexmer 1	Registration Dist. No. 134
Village or City Rocky Mage	No. St., Ward
Length of residence in the or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME XTOYA, Wank	
(a) Residence: No. Outside O	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX COLOR OR PACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the ford)	21. DATE OF DEATH (Month) (Day) 1937
5a. If marriad, widowed, or divorced most with the control of the	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	(Liest saw h. 2 aliva on 6/6 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-300 m.
73 11 /13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade nucleosion or particular	Cancer of Liver y
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Totel time (yars) this occupation (month and	Probable duration: from history of patients
10. Date deceased last worked at this occupation (month and page 11. Total time (years) spent in this year)	four or fisel years. Gloster.
Jamob Collis	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Comme Carlinal Jehn 1750
13. NAME /HUNAUL 4 VEASIL	مرا ا
14. BIRTHPLACE (city or town) WILLIAM TO THE TOWN TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TOWN TO THE TOWN TO THE TOWN TOWN TO THE TOWN TO TH	Nama of operation 2.4 M Oate of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME CYMICA CHERTY	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME OUNG NEWY 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State oncountry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. MAN	Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CHEMATION OF FEMOVAL - Committee 1 419	Manner of injury
John June 1 Dete June 18 193	Nature of injury
19. UNDERTAKER DE SONS &	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) unfor World ge ma	if so, specify
20. FILED June 17, 19.39 Mr. The Strain Registrar.	(Signed) M. D. (Address) The Man D.
If more blanks are needed address State Periods as	A Charles Carred Delivery Description 91 C N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	391 2 3037	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MUNICALL V. S.	July 5, 1927	Peritonitis	3 days ago
	Land to the same of the same o	2 -		Lacual E
Other contributory of	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE C	F MARYL	AND-CE	RTIFICA	TE OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 6668
1. PLACE OF DEATH,	(120)
Village or City . Dorlield	Registration Dist. No. 13.5
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Wilmer France W.	ufield.
(a) Residence; No. (Usual place of abode)	Lett., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE. S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oat) (Year)
5a. If merried, widowed, or divorced	(month) (oay) Arear)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That I attanded deceased from
12-9-1916	27, 1937, to 27, 1907
6. DATE OF BIRTH (month, day, and year)	last saw harman last saw harma
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the deta states above, at
26 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Aund eterminal Oate of onset
SAWYER, BOOKKEEPER, etc.	execut liston
S-Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	of drubing bad
- 1 Shall I II III	The same of the sa
	Other Contributary Courses of Importance:
12. BIRTHPLACE (city or town) The derich County	
(State or country)	
13. NAME Cyrus Wing reldy	
13. NAME Cyrus Wind reld	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Frederick Consuly	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 7 rederick lessely	Accident, suicida, or homicide?
∑ (State or country)	Whera did injury occur?
17. INFORMANT The Winteld	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mt Carmel. Date June 29, 1937	Nature of injury
19. UNDERTAKER CMORY Frey, (Addiess) Smoothed-wife Mid.	24. Was disease or injury In any way reteted to occupation of deceased2
20. FILEO JUNE 28. 1937 Charles L. Leatherna	(Signed) (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis , 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUL 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	95-2
County Fredrick	Registration Dist. No. / 54
Village or City Emmils hay Md	NoSt., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
0. 111	now long in 0.5. If of foreign birth?yrsmosds
2. FULL NAME Columpia Winle	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF BEATH /me. 23
single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY That i attended deceased from
(or) WIFE of	- me 22 1937 to me 23 1937
6. DATE OF BIRTH (month, day, and year) Chil-18-53	bast saw h. 2 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
84 2 13 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Were as follows: Oate of one Oardio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1000 and discore sever ly 400 as
9. Industry or business in which	The desired survey of the surv
work was done, as SILK MILL, SAW MILL, BANK, etc	Cerebral hemer have
10. Date deceased last worked at this occupyion (month and spent in this	6/22/37
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Emmille	
(State or country) Foldisch Co. Mdl	
13. NAME Henry Winter	
13. NAME Henry Wintle f4. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country) Fildrich Gos Md	What test confirmed diagnosis? Chuncel of ance Was there an autopsy? Le
15. MAIDEN NAME Mary ann Rowl	23. If death was due to external causes (VIOLENCE) fill in also the following:
fs. MAIDEN NAME Mary ann Rowl 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Fredrick Co. Mid.	Where did injury occur?
7 8 TO A	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT CALLED THE CALLED T	- company and my manager in the second in th
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ermilly glid Oate frame 25, 1987	Nature of Injury
1. 4 10101:	
19. UNDERTAKER (Address) Essential Middle Mi	24. Was disease or injury in any way related to occupation of deceased?
d	1. M2 W2 460
20. FILEO Gue 24, 19 37 / M. F. Shuff	(Signed) W. I. C. M. d.
If more blanks are needed, address State Registra	(Address)

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	0	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (The state of	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			h 49 300
			<u> </u>

County Frederick	Registration Dist. No. 14	1
Village or City Business	NoSt.,	Ward
Length of rasidance In city or town whara death occurred 47 yrs	(If death occurred in a hospital or institution, give its NAME instead of street at osds. How long in U.S. if of foreign birth?yrs	
1/ 24 146		_mosos.
2. FULL NAME Herry W. Word	If U. S. Veteran, specify WAR	
(a) Residence: No. 7 (Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH	
male while OR DIVORCED (write the yold)	Since 15	, 193 7
a. If married, widowed, or divorced	(Month) (Day)	(Yaar)
(or) WIFE of Margaril 6. Parama	22. HEREBY CERTIFY, Ibet attend	ad dacaased from
10 101 =	Tull 1996 Xune	5,1937
DATE OF BIRTH (month, day, and year) ALCC. 29 1867	Host saw harman alive on 19	; daath is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 m.	
69 5 23 1 day,hrs	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	10000
STrade, profession, or particular kind of work dona, as SPHNER, B PO. P. R. SAWYER, BOOKKEEPER, atc.		Oate of onset
AWYER, BOOKKEEPER, atc.	APUD:	
kind of work done, as SPINNER, AWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata dacasad last worked at this occuration (month and	Solulleona	6/20
SAW MILL, BANK, etc	of Face	2709
this occupation (month and 1934 spent in this 3/		
	Other Contributory Causes of importanca:	
2. BIRTHPLACE (city or town) (State or country)		
1 20		
13. NAME Washington J. Work		
13. NAME Washington J. Wood. 14. BIRTHPLACE (city or town) - Mayland	Name of operation	
(State of Country)	What test confirmed diagnosis? Was there a	an autopsy?
15. MAIDEN NAME / Hary 6. Polleyeld	23. If death was due to external causes (VIOLENCE) fill In also the follow	ving:
16. BIRTHPLACE (city or town) - Vinginia	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and	State
7. INFORMANT M. E. Wood	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
(Addrass) Brunnied Mc		
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Green will MCI Date June 17 , 19 3.	Nature of injury	
9, UNDERTAKER C. H. Full "Son	24. Was disease or injury in any way related to occuration of deceased?	40
(Address) Businesk Mid	If so, specify	
O FILED loves 16 1937 few H. S. Hidas	(Signad)	M. D
Registrar.	(Addrass)	March 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		y and the second	

-		
state	JPA-	
plno	1000	
sh	jo	
PHYSICIANS should state	it may be properly classified. Exact statement of OCCUPA-	/
. PH	Exact	
should be stated EXACTLY.	assified.	
ted EX	perly cl	n back of certificate.
sta	pro	cert
be	be	of
plnou	may	back
S	it	-

STATE OF MARYLAND—CERTIFICATE OF DEATH

c	18	ing	1)
6	()	6	4

II.	. PLACE OF DEA	TH			95-P2)	
	County Frede	erick			Registration Dist. No. / 3	34
-	Village or City	Emmitsbu	ırg		No. Saint Joseph's College St	Ward
	Length of residence in c	rity or town where de	anth accurred	(If	death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	number)
						nosos.
-	. FULL NAME HO		seph's /		If U.S. Veteran specify WAR	
	(a) Residence: No	Dalii oc	(Usual place		St., Ward. If nonresident give city or town an	id State
	PERSONAL AN	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race	5. SINGLE, MAR OR DIVORCEI Sister	RIED, WIDOWED. O (write the word) of Charity	21. DATE OF DEATH	, 193
5a.	If married, widowed, or dive HUSBAND of (or) WIFE of	orced	Sing	Le	22. I HEREBY CERTIFY, That I attended	d deceased from
		T11	no 70 1	047	Hast saw h elive on 1937, to 192	19.3.
-	DATE OF BIRTH (month, da AGE Years	Months	ne 18, 1	843	to have occurred on the date stated above, at	- , death is seid
	93	71	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
7	Trade, profession, or p	erticular	Hognital	ormin.	were as follows:	Oate of onset
101		EPER, etcan	d Inf. A	sylum	D	
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL,			Chrome arterial Schr	
U U			11. Total ti	me (yeers)		1427
0	10. Date deceased last wo this occupation (mo yeer)	onth end 1928	sper	tin this 64 pation		-
12.	BIRTHPLACE (city or town) (State or country)	Detroit	, Michiga	an	Other Contributary Causes of importance:	1914
ER	13. NAME Timot	hy 9/5	on			
FATHER	14. BIRTHPLACE (city or to	Coun	ty Kerry		Name of operation Date of	
F	(State or country)		land		What test confirmed diagnosist	A
ER	15. MAIOEN NAME C	atherine	Clifford		23. If death wes due to external causes (VIOLENCE) fill In also the following	
MOTHER	16. BIRTHPLACE (city or to	own) Cor	k,		Accident, suicide, or homicide? Date of Injury	
X	(Stete or couplry)	J	reland		Where did injury occur?	
17.	INFORMANT St.	Joseph's	erles. Emmits	call.	(Specify city or town, county and St. Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
18.	BURIAL, CREMATION, OR I	seph's	0. 2	0, 0,	Manner of injury	
	Plece	bure Ma	- Oate Kins	19.2.7.	Nature of injury	
19.	UNDERTAKER (Address)	L'al	Lesan	d.	24. Was disease or injury in eny way related to occupation of deceased?	no
20.	FILED June 8.	19.37 M	St. S	al Willian.	(Signed) Marris Many (Address) Lunnand	M.D.
	V	If more b	lanks are nelded, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	L OF MAR	TLAND-	CERTIFICATE	OF DEATH	6673
County Frederick				Registration Dist. No	31
Village or City Freder Langth of residence in city or town		(II	No. Frederic	k City Hospita St stitution, give its NAME instead of street Lof foreign birth?yrs	.,Ward
2. FULL NAME Miss. (a) Residence: No. 413	Amelia Yo Patrick (Usualplace		If U. S. Veter	an, specify WAR none	n and State
PERSONAL AND STA	TISTICAL PART	CULARS	MEDICAL	CERTIFICATE OF DEAT	Н
female 4. COLOR OR RAC	5. SINGLE, MAR OR DIVORCE Singl	RRIED, WIDOWED. D (write the word)	21. DATE OF DEAT	June 9th., (Month) (Day)	193. ⁷⁷ (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. 1 HERE	BY CERTIFY, That I atte	nded dacaased from
Day unknown 6. DATE OF BIRTH (month, day, and year)	Nov. 1863		June, 4th Hast saw h. er alive on		h, 1937 37.; death is said
7. AGE Years Mon 7.3		II LESS than I day,hrs. ormln.	The PRINCIPAL CAUSE OF D	stated above, at 3 a 30P m. EATH and ralated causes of Importanca	Date of onept
NOTE OF THE SECOND TO SECO	_{ER,} Milliner		Pneumonia(E	3ronchial)	6/6/3
yaar)	6/37 11. Total t spa occ	tima (years) 50 nt In this upation	Other Contributory Causes of	Importance:	
12. BIRTHPLACE (city or town) Mar (State or country)	yland		Diabetes Me		
13. NAME George Y					******
13. NAME George Y 14. BIRTHPLACE (city or town) Ge (State or country)	rmany		The second secon	Date	
15. MAIDEN NAME Cathe	rine Eichn	er .	23. If death was due to externa	causes (VIOL ENCE) fill In also the foll	lowing:
15. MAIDEN NAME Cathe 16. BIRTHPLACE (city or town) (State or country)	Germany		Whera did Injury occur?	? Date of Injury	
17. INFORMANT Mrs. H.O. (Address) Frederi	ck, Md.		Specify whether Injury occurr	(Specify city or town, county an ed In INDUSTRY, In HOME, or In PUBLI	d State)
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet C	Frederi em. _{Date} June		Manner of Injury		
19. UNDERTAKER M.R.Etch (Addrass) Frederi	ison & Son ck, Md.		1	way related to occupation of decaased	
20. FILED 10 June , 1937	1 1	Sundy Registral.	(Signad)	rederick. Md.	M. D.
1	f more blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore	, Requesting U. S. No. 1.	

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ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

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š	1	3	6	i

1. PLACE OF D	EATH			820	
County Frederick				Registration Dist. No.	131
Village or City Frederick				NoFreder Sity Hospita	1 St., Ward
Length of residence	In city or town where	death occurred 7	5_yrsmos	death occurred in a hospital or institution, and it NAME instead ofds. How long In U.S. if of foreign birth?yrs.	street and number)ds.
2. FULL NAME	Marc. Mar	ry Yost		If U. S. Veteran, specify WAR NON	E
(a) Residence: I	No. 413 3 1		ck St.	St., Ward.	
PERSONAL	AND STATIST	Usual place		If nonresident give city o MEDICAL CERTIF(CATE OF D	
	COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	2 ~
Female	White	Sing	(write the word)	June 5:	rd , 193 '/ (Year)
5a. If merried, widowed, o HUSBAND of (or) WIFE of	r divorced			22. of HEREBY CERTIFY. Thet	I attended deceased from
(or) WIFE of				3/- HEREBY CERTIFY Thet	
6. DATE OF BIRTH (mont	th, day, and yeer)	February	10,1862	I last sew her alive on 8	, 1927; deeth is said
7. AGE Yeers	Months	Days	If LESS than 1 day,hrs.	to heve occurred on the dete stated above, et 9.20 P.m.M.	
, 75	3	24	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of important were es follows:	Pate of onset
& Trede, profession, kind of work SAWYER, BOO	or perticuler	D		0	
SAWYER, BOO		Domesti	C	Crebial-overnon	3-Jan
work was don	e, es SILK MILL, ANK, etc.	Tracon	dry-		
U 10. Dete deceesed les	st worked et	11. Total ti	me (yeers)		
this occupetion		7 Sper	petion 60	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or	town)			acute Burnlules	2006
(State or country)	Mary	land		Hypertusian	3-
13. NAME G	eorge Yos	t			
14. BIRTHPLACE (cit)		0.0000000000000000000000000000000000000		Neme of operation	Dete of
(Stete of Coun		ermany	0.00	Whet test confirmed diagnosis?	
15. MAIDEN NAME	Catheri	ne Eichn	er.	23. If deeth wes due to external causes (VIOLENCE) fill in elso ti	
16. BIRTIIPLACE (city	or town)			Accident, sulcide, or homicide? Date of Inj	ury, 19
7 (0000 01 0001				Where did Injury occur?(Specify city or town, cou	nty and State)
	iss Ameli 3 W. Patr		red. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL; CREMATION,				Menner of Injury	
PleceITt-	Olivet Ce	MaDete 6/5	1/3719	Neture of injury	
10 HADEDTAKED M	R.Etchis	on & Son		24. Wes disease on injury in any way releted to occupation of de	eceesed? X/G
19. UNDERTAKER	rederick,	Ad.		If so, specify	A
20. FILED H LLLIN	2 1937 21	a Y MIE	Culdy	(Signed) The deer	M. D
20. FILED.: E. C.	, 17-1	0	Registrar.	(Address) / destate	

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Example I		Example II	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
22.707.7000707.0070	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 44 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

6675

1. PLACE OF DEATH	W.B	
County Araderosts	Registration Dist. No. 174	
Village or City Mean Theermat	NoSt.,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and numbe ds. How long in U.S. if of foreign birth?	
4P) 1	John Jong III 0, 5, 11 01 30101gh Billit;	
2. FULL NAME Morgina Relson 30	scho	
(a) Residence: No. May Therese (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mala, 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193)	Year)
5a. If married, widowed, or divorced HUSBAND of	0	
(as) HITE of Cara Bell Flohy Formers	22. I HEREBY CERTIFY, That I attended decea	n. Prod
	I last saw h alive on \$ \$ 193.7; dea	19_3_ /_
6. DATE OF BIRTH (month, day, end year) (1) 2 4 1 3 3 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2 m.m.	CII 13 3010
/ 5	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
Trade profession or particular	were as follows:	e of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Corcinoma atta	0
9. Industry or business in which	Stanach, 5	1935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and	1	
O 10. Oate deceased last worked et this occupation (month and year) occupation corupation occupation		
1/2 22 250	Other Coutributory Causes of importance:	figs.
(State or country)	brown compensation of	7.3.4
13. NAME George W Goraleso		
13. NAME George W Borrologo 14. BIRTHPLACE (city or town) Congression	Name of operation	
(State of country)	Whet test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME Mangaral - Rofe 16. BIRTHPLACE (city or town) Linguist	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury,	19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT MAS Cara 3 ossilis o Ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placell B. Cernelis, war Oate May 1 th, 19 27	Nature of injury	
19. UNDERTAKER Stillhida & Careager	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Thermony	If so, specify	
20. FILED MINE 9 , 1937 Suma W. Conla	(Signed) success that	M, D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of of importance were as	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	.411 3 1937	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:	E A NE	
Gallstones		May 1,1923	Gastroenteritis	1 year	